


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 022 ***150.00

DOCUMENT # 389133 1. Entity Name SUMMERFIELD BOAT WORKS, INC.																																																																																																																																						
Principal Place of Business 1500 SW 17 ST FT LAUDERDALE, FL 33312			Mailing Address 13450 W. SUNRISE BLVD STE 150 SUNRISE, FL 33323																																																																																																																																			
2. Principal Place of Business 13450 W. SUNRISE BLVD.		3. Mailing Address SUNRISE, FL 33323																																																																																																																																				
Suite, Apt. #, etc. STE 150		Suite, Apt. #, etc. 																																																																																																																																				
City & State SUNRISE, FL		City & State 																																																																																																																																				
Zip 33323		Country 		4. FEI Number 59-1379794																																																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																				
6. Name and Address of Current Registered Agent BLACK, DAVID, CPA 13450 W. SUNRISE BLVD STE 150 SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																																						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																																																																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																				
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WATTS, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1419 GILLETTE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZOLFO SPRINGS, FL 338909244</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VDT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WATTS, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1419 GILLETTE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZOLFO SPRINGS, FL 338909244</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEE JR., JOHN H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1500 SW 17TH ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE, FL 33312</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLREAD, MORT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1024 W STEVENS AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1601 SW 14th Crt.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	WATTS, SUSAN		STREET ADDRESS	1419 GILLETTE RD		CITY-ST-ZIP	ZOLFO SPRINGS, FL 338909244		TITLE	VDT	<input type="checkbox"/> Delete	NAME	WATTS, TOM		STREET ADDRESS	1419 GILLETTE RD		CITY-ST-ZIP	ZOLFO SPRINGS, FL 338909244		TITLE	S	<input type="checkbox"/> Delete	NAME	LEE JR., JOHN H		STREET ADDRESS	1500 SW 17TH ST.		CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		TITLE	D	<input type="checkbox"/> Delete	NAME	ALLREAD, MORT		STREET ADDRESS	1024 W STEVENS AVE.		CITY-ST-ZIP	DELAND, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1601 SW 14th Crt.		STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																				
NAME	WATTS, SUSAN																																																																																																																																					
STREET ADDRESS	1419 GILLETTE RD																																																																																																																																					
CITY-ST-ZIP	ZOLFO SPRINGS, FL 338909244																																																																																																																																					
TITLE	VDT	<input type="checkbox"/> Delete																																																																																																																																				
NAME	WATTS, TOM																																																																																																																																					
STREET ADDRESS	1419 GILLETTE RD																																																																																																																																					
CITY-ST-ZIP	ZOLFO SPRINGS, FL 338909244																																																																																																																																					
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																				
NAME	LEE JR., JOHN H																																																																																																																																					
STREET ADDRESS	1500 SW 17TH ST.																																																																																																																																					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312																																																																																																																																					
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																				
NAME	ALLREAD, MORT																																																																																																																																					
STREET ADDRESS	1024 W STEVENS AVE.																																																																																																																																					
CITY-ST-ZIP	DELAND, FL																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME	1601 SW 14th Crt.																																																																																																																																					
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																																																																																																																																						
SIGNATURE: <u>John H. Lee</u> 2/7/06 954-494-4594 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																						