

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 519459

1. Entity Name
BOAT CENTER, INC.



Principal Place of Business

1771 SOUTH STATE ROAD 7
FT. LAUDERDALE, FL 33317

Mailing Address

1771 SOUTH STATE ROAD 7
FT. LAUDERDALE, FL 33317



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1742722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAGEN, JOEL M
7060 SW 19TH ST
FORT LAUDERDALE, FL 33317

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNOR, JOHN H. 4451 WILD TURKEY WAY GAINESVILLE, GA 30506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV GAGEN, JOEL 7060 SW 19TH ST PLANTATION, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWSON, GARY 17202 SW 79 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE
IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Gagen 3/25/08

Date

954-581-4300

Daytime Phone #