2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# 538000

Entity Name: DAVID LOWE'S BOATYARD, INC.

Current Principal Place of Business:

4550 S E BOATYARD DRIVE
P. O. BOX L
PORT SALERNO, FL 34992

New Principal Place of Business:

1892 SW OAKWATER PT
PALM CITY, FL 34990

Current Mailing Address:

4550 S E BOATYARD DRIVE
P. O. BOX L
PORT SALERNO, FL 34992

New Mailing Address:

1892 SW OAKWATER PT
PALM CITY, FL 34990

FEI Number: 59-1747179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOWE IV, DAVID H
1892 SW OAKWATER PT
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOWE III, DAVID H.
Address: 5645 SE HARBOR TERRACE
City-St-Zip: STUART, FL 34997

Title: STD ( ) Delete
Name: LOWE, BETTY W.
Address: 5645 SE HARBOR TERRACE
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: LOWE IV, DAVID H,
Address: 1892 SW OAKWATER POINT
City-St-Zip: PALM CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. LOWE IV VD 01/20/2004
Electronic Signature of Signing Officer or Director — Date