## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2008 08:00 AM Secretary of State DOCUMENT # 577,141, \_ MELTRA BOAT TRAILER SALES, INC. Principal Place of Business Mailing Address 309 S. 3RD ST. 309 S. 3RD ST. FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 No Chg-P CR2E034 (11/05) 01122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1850976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FOLBRECHT, WILLIAM T. DO NOT WRITE 309 S. 3RD ST. FORT PIERCE, FL 34950 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) <del>UOABBA78</del>\$874 01/23/08-80011-013 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FOLBRECHT, WILLIAM T. NAME 309 S. 3RD ST. STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34950 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 chapted or on an attachment with an address, with all of the receiver of the corporation or the receiver or trustee empowered or on a statechment with an address, with all of the receiver or trustee empowered or on a statechment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>1-15-08</u>

772.461-1193

**FILED** 

Daytime Phone #