

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90041 027 \*\*\*150.00

<b>DOCUMENT # 694370</b> 1. Entity Name <b>BOAT CORRAL RENTAL, INC.</b>																																					
Principal Place of Business <b>830 U S 27 S LAKE PLACID, FL 33852</b>			Mailing Address <b>830 U S 27 S LAKE PLACID, FL 33852</b>																																		
2. Principal Place of Business <b>1501 LAKE CLAY DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1501 LAKE CLAY DR</b> Suite, Apt. #, etc.																																			
City & State <b>LAKE PLACID, FL</b>		City & State <b>LAKE PLACID</b>		4. FEI Number <b>59-2184034</b>																																	
Zip <b>33852</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>SIDES, WILLIAM H. 830 U S 27 SO LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name <b>SIDES, WILLIAM H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1501 LAKE CLAY DR</b> City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852</b>																																		
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: <b>WILLIAM H. SIDES</b> <b>2/19/05</b> <small>Signature, typed or printed name of registered agent and (use if applicable). (NOTE: Registered Agent signature required when reconstituting)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP SIDES, WILLIAM H. 830 US 27 SO. LAKE PLACID, FL 00000,</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SIDES, WILLIAM H. 830 US 27 SO. LAKE PLACID, FL 00000,</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP SIDES, WILLIAM H. 1501 LAKE CLAY DR LAKE PLACID, FL 33852</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SIDES, WILLIAM H. 1501 LAKE CLAY DR LAKE PLACID, FL 33852</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>														
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12. I hereby certify that the information supplied with this filing does not qualify 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 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. <b>SIGNATURE:</b> <b>WILLIAM H. SIDES</b> <b>2/19/05</b> <b>863-8400031</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					