

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 044 ****61.25

DOCUMENT # 716724

1. Entity Name
BOATER SAFETY, INC.



Principal Place of Business
**5801 33RD AVE CT DR WEST
BRADENTON, FL 34209 US**

Mailing Address
**PO BOX 166
BRADENTON BEACH, FL 34217 US**



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3463698

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

**FESKO, ROBERT P
731 OLD CAMPASS RD
LONGBOAT KEY, FL 34228**

**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)

Apr 10, 2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**TSD
BARTLETT, ROBERT
9 CHURCH AVE
BRADENTON BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PELCHAR, SHIRLEY
400 E CONFERENCE DR
BOCA RATON, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
ADAMS, MARTHA
1708 76TH AVE WEST
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALEXANDER, JOHN
6107 55TH AVE CIR EAST
BRADENTON, FL 34203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FESKO, ROBERT
731 OLD COMPASS RD
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MORELLO, JAN
2008 84TH ST CIR NW
BRADENTON, FL 34209**

**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 617, 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

ROBERT FESKO

Apr 10, 2007

Daytime Phone #

941-383-7313