


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90069 007 \*\*\*\*61.25

<b>DOCUMENT # 734984</b>	
1. Entity Name <b>HOMOSASSA SAFE BOATING, INC.</b>	

Principal Place of Business P O BOX 3894 HOMOSASSA SPRINGS, FL 34447 US	Mailing Address P O BOX 3894 HOMOSASSA SPRINGS, FL 34447 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

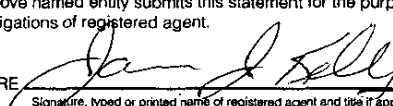
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04132004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2466084</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>FRANKLIN, LAWRENCE 3223 WILTSHIRE AVE SPRING HILL, FL 34608</b>		7. Name and Address of New Registered Agent Name <b>KELLY, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>6112 FAIRDALE CT</b> City <b>CRYSTAL RIVER</b> FL Zip Code <b>34429</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.

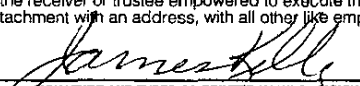
SIGNATURE  **James D Kelly** DATE **4/14/04**

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENSUL, PATRICIA 7153 W PARKWAY LN HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYAL, RAYMOND 21 Wild Olive CT HOMOSASSA, FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANKLIN, LAWRENCE 3223 WILTSHIRE AVE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, JAMES 6112 FAIRDALE CT CRYSTAL RIVER, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWICKE, EDWARD 1 POPLAR COURT HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, BARTON 1359 S PICO ST INVERNESS, FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, FRANKLIN 2436 W SUMMER PL CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHTSON, DIRK 141 N ROSEBUSH PT LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLE, GARY J 3888 N BAYWOOD DR HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **James D Kelly** DATE **4/14/04** 352 795 4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #