## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # F0100000941  1. Entity Name PRO-LINE BOATS, INC.			Secretary of State	
	SUNCOAST BLVD F	ailing Address O. BOX 987 ALLEVAST, FL 34270-0987		
DO NOT WRITE IN THIS SPAC			CE	04232005 No Chg-P CR2E034 (10/03)  4. FEI Number
1200 SOU' PLANTATI	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324	e e		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 the if applicable (NOTE Registered Agent algorithm required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DÎRE PTD KIMMELL, LEE H 7110 21ST STREET EAST SARASOTA, FL 34243 SV BLESER, HOWARD L 7110 21ST STREET EAST SARASOTA, FL 34243	CTORS	E Trong E Trong	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMOOTA, FE 34240	# 1 1 m		DO NOT WRITE IN THIS SPACE
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Floride Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of 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.				