


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90010 019 \*\*\*150.00

<b>DOCUMENT # F02000005248</b>	
1. Entity Name <b>BOAT SALES INTERNATIONAL-USA, LTD., INC.</b>	

Principal Place of Business <b>312 THIRD STREET ANNAPOLIS, MD 21403</b>	Mailing Address <b>312 THIRD STREET ANNAPOLIS, MD 21403</b>
--	--

2. Principal Place of Business <b>303 Second St.</b>	3. Mailing Address <b>303 Second St</b>
Suite, Apt. #, etc. <b>B</b>	Suite, Apt. #, etc. <b>B</b>
City & State <b>ANNAPOLIS MD</b>	City & State <b>ANNAPOLIS, MD</b>
Zip <b>21403</b>	Country <b>USA</b>



06302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2309695</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WARREN-SEILER, JENNIFER 1407 GULF TO BAY BLVD. CLEARWATER, FL 33755</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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: *Jennifer Warren-Seiler* DATE: *June 30, 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C WARREN-SEILER, JENNIFER 312 THIRD STREET ANNAPOLIS, MD 21403</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAYLOR, JEFF HAMBLE PT. MARINE, SCOO LANE HAMBLE SOUTHAMPTON, S0314NB,</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HELMER, GUS FMTC LIESSELMEER DIJK 2, 8221 RC LELYSTAD, NETHERLANDS,</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Jennifer Warren-Seiler* **JENNIFER WARREN-SEILER** 6/30/04  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

410 269 6229