



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90192 009 \*\*\*150.00

<b>DOCUMENT # F07981</b> 1. Entity Name ST. LUCIE OUTBOARD MARINE, INC.		
Principal Place of Business 657 N 2ND ST FT. PIERCE, FL 34950	Mailing Address 657 N 2ND ST FT. PIERCE, FL 34950	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  TILLMAN, MURRAY C., JR. 657 N 2ND ST FT. PIERCE, FL 34950		<b>DO NOT WRITE IN THIS SPACE</b>
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILLMAN, MURRAY C., JR 657 N 2ND ST FORT PIERCE, FL 34950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TILLMAN, VICTORIA L. 657 N 2ND ST FORT PIERCE, FL 34950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 empowers.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>02-07-07</b> <small>Date</small> Daytime Phone # <b>772-464-1440</b> <small>Daytime Phone #</small>