2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90026 031 ***150.00

DOCUMENT # F77677

1. Entity Name
RYCO MARINE CUSTOM BOAT WORKS, INC.

Principal Place of Business	Mailing Address
4210 NO. FLAGLER DRIVE WEST PALM BEACH, FL 33407 US	4210 NO. FLAGLER DRIVE WEST PALM BEACH, FL 33407 US

05012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1900 Broadway		1900 Broadway	
Suite, Apt. #, etc.: Suite E		Suite, Apt. #, etc.: Suite E	
City & State: Riviera Beach, FL		City & State: Riviera Beach, FL	
Zip: 33404	Country: USA	Zip: 33404	Country: USA

4. FEI Number: 59-2184051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYBOVICH, MICHAEL W.
4210 NO. FLAGLER DRIVE
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name: Michael W. Rybovich
Street Address (P.O. Box Number is Not Acceptable): 1900 Broadway
Suite E
City: Riviera Beach **FL** Zip Code: 33404

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] 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RYBOVICH, MICHAEL W.		NAME		
STREET ADDRESS	2354 HOPE LANE E.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	VP/S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUIZENGA, H. WAYNE, JR.		NAME		
STREET ADDRESS	4200 NO. FLAGLER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.

SIGNATURE: [signature] 4/30/07 561.840.8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #