

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 027 ***150.00

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1. Entity Name

LONGBOAT INVESTMENTS, LTD., INC. OF JERSEY,
C.I.



Principal Place of Business

26 ROUNDWOOD PARK
HARPENDEN HERTS AL5 3AF ENGL

Mailing Address

26 ROUNDWOOD PARK
HARPENDEN HERTS AL5 3AF ENGL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0249301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENDINNING, RENE M

~~1058 RINGLING BLVD~~ 1990 Main Street, Suite 80
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, JOHN	
STREET ADDRESS	PO BOX 796, CHARLES HOUSE, CHARLES ST	
CITY-ST-ZIP	ST HELIER, JERSEY JE4 5TD	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNISON, MARSHALL	
STREET ADDRESS	PO BOX 796, CHARLES HOUSE, CHARLES ST	
CITY-ST-ZIP	ST HELIER, JERSEY JE4 5TD	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWER, MICHAEL D	
STREET ADDRESS	PO BOX 796, CHARLES HOUSE, CHARLES ST	
CITY-ST-ZIP	ST HELIER, JERSEY JE4 5TD	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNEE, MICHAEL W	
STREET ADDRESS	26 ROUNDWOOD PARK	
CITY-ST-ZIP	HARPENDEN HERTS AL5 3AF ENGL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY SHELTON	
STREET ADDRESS	P.O. BOX 496, CHARLES HOUSE, CHARLES ST	
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 5TD	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER CALLANDER	
STREET ADDRESS	PO BOX 496, CHARLES HOUSE, CHARLES ST	
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 5TD	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET MURRAY	
STREET ADDRESS	PO BOX 496, CHARLES HOUSE, CHARLES ST	
CITY-ST-ZIP	ST HELIER, JERSEY, JE4 5TD	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MW/Knee MICHAEL W. KNEE (President)

02/10/05

(941) 383 9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #