2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # F99000001073 **Secretary of State** 1. Entity Name J. COLLINS BOAT MAINTENANCE AND REPAIR, INC. Principal Place of Business Mailing Address P.O.BOX 726 P.O.BOX 726 LITHIA FL 33547-0726 LITHIA FL 33547-0726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 74-2804106 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLLINS, JACK 405 GREEN ARBOR Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS BILE Change Addition TITLE ☐ Delete U00000076836 COLLINS, JACK NAME NAME 163 CREEKBEND DR 03/05/04-80018-011 150.00 STREET ADDRESS STREET ADDRESS BROWNSVILLE TX 78521 CITY-ST-ZIP CATY-ST-ZIP Addition ☐ Change VÞ ☐ Defete BBF TITLE COLLINS, DE' ANNA NAME NAME STREET ADDRESS 163 CREEKBEND DE STREET ADDRESS CETY - ST- ZIP BROWNSVILLE TX 78521 CSY-ST-789 Delete TITLE Chance Addition TITLE MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Distale BILE ☐ Change Addition . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADORESS CHTY-ST-ZP 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.

Ach Collins 3-1-04

FILED

Mar 05, 2004 08:00 AM