


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005246 1. Entity Name GREAT LAKES BOAT TOP CO.	
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Principal Place of Business 15 QUALITY CIRCLE VONORE, TN 37885	Mailing Address 15 QUALITY CIRCLE VONORE, TN 37885
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05052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1707865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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 restate) DATE _____

**FILE NOW!! FEE IS \$150.00
Due by September 7, 2005**

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	C WILSON, JAMES A II 15 QUALITY CIRCLE VONORE, TN 37885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENFORD, EDWARD H 200 W MADISON ST STE 2710 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASTRIS, WILLIAM 200 W MADISON ST STE 2710 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYENGER, RICK 40 SARASOTA CENTER BLVD. A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONROE, TOM 19 QUALITY CIRCLE VONORE, TN 37885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

~~600054349276~~
~~05/12/05-01087-019 **150.00~~

U00000366329
05/12/05-80008-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Tom Monroe 5/5/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #