2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G60428

1. Entity Name GLANDER BOATS, INC.



Principal Place of Business

U.S. HIGHWAY #1, MM 94 1/2

P.O. BOX 2708

KEY LARGO, FL 33037-4708

Mailing Address

U.S. HIGHWAY #1, MM 94 1/2

P.O. BOX 2708

KEY LARGO, FL 33037-4708

FILED Mar 03, 2005 8:00 am Secretary of State

03-03-2005 90182 045 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2336995

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SCHULTZ, STEVEN A. 150 SE 2 AVE. MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the ptions of registered agent. | urpose of changing its registered office | or registered agent, or bott | h, in the State of Florida. I am familiar with, and accept |
|----------------|---|--|-----------------------------------|--|
| SIGNATURE. | Signstrue: typed or printed name of registered agent and title a | applicable. (NOTE: Registered Agent sig | nature required when reinstating) | DATE |
| FIL | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | |
| TITLE | PCD | | | • |
| NAME | CHESTER, ROBERT A. | | | |
| STREET ADDRESS | 3070 HOTILDA ST | | | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | | | |
| TITLE | VD | | * | |
| NAME | DELO, DANIEL | | | |
| STREET ADDRESS | 132 GALLEON RD | · · | | |
| CITY-ST-ZIP | ISLAMORADA, FL | | | |
| TITLE | | | | |
| NAME | | | | ÷ |
| STREET ADDRESS | ļ | | D 0 | NOT MOITE |

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)(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 attachmight with an address, with all other like empowered.

SIGNATURE:

CITY-ST-7P

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

305-852-9298

Dete

Daytime Phone #