


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90031 041 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2336995	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, STEVEN A. % HIRNNETEE GRIFFIN THE INGRAHAM BLDG 25 S.E. SECOND AVE., SUITE 1135 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name ROBERT A. CHESTER Street Address (P.O. Box Number is Not Acceptable) 3070 MATILDA ST City COCONUT GROVE FL 33133	
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, the registered agent. SIGNATURE <i>Robert A. Chester</i> Robert A. Chester 1/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD <input type="checkbox"/> Delete CHESTER, ROBERT A. 3070 MATILDE ST COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chester, Robert A. 3070 MATILDA ST COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert A. Chester</i> Robert A. Chester 1/17/08			305-774-9500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		