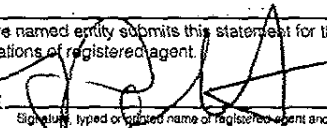
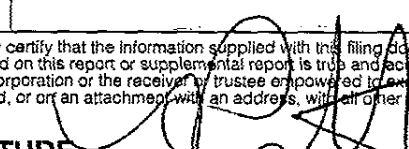


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # H23173		
1. Entity Name NBOA MARINE INSURANCE AGENCY, INC.		
Principal Place of Business 4404 N. TAMiami TRAIL SARASOTA, FL 34234 US	Mailing Address 4404 N. TAMiami TRAIL SARASOTA, FL 34234 US	
DO NOT WRITE IN THIS SPACE		02242004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2460581 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HANSON, REBECCA 3869 PRAIRIE DUNES DR. SARASOTA, FL 34238		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  REBECCA HANSON, PRESIDENT 4/1/04 (NOTE, Registered Agent signature required when renouncing) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HANSON, REBECCA 4404 N. TAMiami TRAIL SARASOTA, FL 34234	DO NOT WRITE IN THIS SPACE
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TITLE 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:  REBECCA HANSON, PRESIDENT 4/1/04 941-360-6777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #