


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # H44356 1. Entity Name SNEAD ISLAND BOAT WORKS, INC.	
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Principal Place of Business % JAMES A. ALDERMAN, JR. 5225 SNEAD ISLAND ROAD PALMETTO, FL 34221-5502	Mailing Address % JAMES A. ALDERMAN, JR. 5225 SNEAD ISLAND ROAD PALMETTO, FL 34221-5502
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02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2474596	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALDERMAN, JAMES A. JR. 5225 SNEAD ISLAND ROAD PALMETTO, FL 33561

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALDERMAN, JAMES A. JR. 712 1/2 32ND AVENUE WEST PALMETTO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALDERMAN, GARY G 702-32ND AVENUE W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALDERMAN, MARIBEL C P.O. BOX 567 PALMETTO, FL 34220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDERMAN, CAROL 702-32ND AVENUE W PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/07-80048-016 150.00

DO NOT WRITE IN THIS SPACE

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: James A. Alderman 2-27-07 941 722 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #