

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44356

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: SNEAD ISLAND BOAT WORKS, INC.

**Current Principal Place of Business:**

% JAMES A. ALDERMAN, JR.  
5225 SNEAD ISLAND ROAD  
PALMETTO, FL 342215502

**New Principal Place of Business:**

**Current Mailing Address:**

% JAMES A. ALDERMAN, JR.  
5225 SNEAD ISLAND ROAD  
PALMETTO, FL 342215502

**New Mailing Address:**

FEI Number: 59-2474596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALDERMAN, JAMES A. JR.  
5225 SNEAD ISLAND ROAD  
PALMETTO, FL 33561 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ALDERMAN, JAMES A. JR.  
Address: 712 1/2 32ND AVENUE WEST  
City-St-Zip: PALMETTO, FL

Title: VD  
Name: ALDERMAN, GARY G  
Address: 702-32ND AVENUE W  
City-St-Zip: PALMETTO, FL 34221

Title: SD  
Name: ALDERMAN, MARIBEL C  
Address: P.O. BOX 567  
City-St-Zip: PALMETTO, FL 34220

Title: TD  
Name: ALDERMAN, CAROL  
Address: 702-32ND AVENUE W  
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY G. ALDERMAN

VD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date