

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90069 044 ***150.00

DOCUMENT # H58623

1. Entity Name

TARPON RIVER BOAT SHOP, INC.



Principal Place of Business

611 VILLA CIR.
SUITE 4
BOYNTON BEACH FL 33435
US

Mailing Address

611 VILLA CIR.
SUITE 4
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

3. Mailing Address

Larry Taran
5299 2nd Rd.
Lake Worth, FL 33467

Larry Taran
5299 2nd Rd.
Lake Worth, FL 33467

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number 59-2562247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARAN, LARRY
611 VILLA CIR.
SUITE 4
BOYNTON BEACH FL 33435

Name

Street Address

City

Larry Taran
5299 2nd Rd.
Lake Worth, FL 33467

FL

Zip Code

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME TARAN, LARRY
STREET ADDRESS 611 VILLA CIR.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☒ Change ☐ Addition
NAME Larry Taran
STREET ADDRESS 5299 2nd Rd.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04 581 5148039