

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90070 027 \*\*\*150.00

<b>DOCUMENT # H58623</b> 1. Entity Name <b>TARPON RIVER BOAT SHOP, INC.</b>					
Principal Place of Business <b>LARRY TARAN</b> <b>5299 2ND RD.</b> <b>LAKE WORTH FL 33467</b> <b>US</b>			Mailing Address <b>LARRY TARAN</b> <b>5299 2ND RD.</b> <b>LAKE WORTH FL 33467</b> <b>US</b>		
2. Principal Place of Business <b>TARPON RIVER BOAT SHOP</b> <b>5299 Second Rd.</b> <b>LAKE WORTH, FL 33467</b>		3. Mailing Address <b>TARPON RIVER BOAT SHOP</b> Suite, Apt. #, <b>5299 Second Rd.</b> <b>LAKE WORTH, FL 33467</b>			
City & State <b>LAKE WORTH, FL 33467</b>		City & State <b>LAKE WORTH, FL 33467</b>		4. FEI Number <b>59-2562247</b>	
Zip <b>33467</b> Country <b>US</b>		Zip <b>33467</b> Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TARAN, LARRY</b> <b>5299 2ND RD.</b> <b>LAKE WORTH FL 33467</b>			7. Name and Address of New Registered Agent Name _____ Street Address _____ City _____		
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: (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>TARAN, LARRY</b> <b>5299 2ND RD.</b> <b>LAKE WORTH FL 33467</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 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: <b>Larry Taran</b> 3/10/05 5148039					