

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78660

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: AMERICAN BOAT CARRIERS, INC.

## Current Principal Place of Business:

13501 RACHEL BLVD  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1570  
ALACHUA, FL 32616 US

## New Mailing Address:

FEI Number: 59-2854766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRANSON, TERRY M  
491 EAST COUNTY ROAD 2054  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

BRANSON, SHIRLEY J  
6002 SE COUNTRY CLUB RD  
LAKE CITY, FL 32025 US

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: SHIRLEY J BRANSON

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRANSON, JOSEPH DAVI, D  
Address: 6002 SE COUNTRY CLUB RD  
City-St-Zip: LAKE CITY, FL 32025

Title: VP ( ) Delete  
Name: KIRCHLINE, ALLEN JE, SSE  
Address: PO BOX 1570  
City-St-Zip: ALACHUA, FL 32616

Title: ST ( ) Delete  
Name: CAIN BELVELINA MARIE,  
Address: 13423 NW 144TH PL  
City-St-Zip: ALACHUA, FL 32615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BELVELINA MARIE CAIN

ST

02/06/2008

Electronic Signature of Signing Officer or Director

Date