2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # H88257 1. Entity Name JOHANNSEN BOAT WORKS, INC. Principal Place of Business Mailing Address %JOHANNSEN, MARK P O BOX 2311 690 4TH PLACE VERO BEACH, FL 32961 US VERO BEACH, FL 32962 US 01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2607571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHANNSEN, MARK DO NOT WRITE 690 4TH PLACE VERO BEACH, FL 32962 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 agont and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 0000001283458 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/01/05-80027-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE JOHANNSEN, MARK NAME STREET ADDRESS **1540 33RD AVENUE** CITY-ST-ZIP VERO BEACH, FL 32960 TITLE VPD NAME JOHANNSEN, SUZANNE STREET ADDRESS 1540 33RD AVENUE CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

May

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: