

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J73340**

1. Entity Name  
**DUNEDIN BAY BOAT TOPS, INC.**



Principal Place of Business  
**352 ALBERT ST.  
DUNEDIN, FL 34698**

Mailing Address  
**352 ALBERT ST.  
DUNEDIN, FL 34698**



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2811268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SKINNER, CHARLES W.  
352 ALBERT STREET  
DUNEDIN, FL 33528**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, CHARLES W. 352 ALBERT ST. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKINNER, STEVEN C. 352 ALBERT ST. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKINNER, SHIRLEY E. 352 ALBERT ST. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/07-80021-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Charles W SKINNER** 4/4/07 727-733-2478