

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # K53485

1. Entity Name
TRIANGLE MARINE CENTER, INC.



Principal Place of Business

**C/O SCOTT W. SHOWALTER
11415 U.S. HIGHWAY 441
TAVARES, FL 32778**

Mailing Address

**C/O SCOTT W. SHOWALTER
11415 U.S. HIGHWAY 441
TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0090747

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHOWALTER, SCOTT W.
11415 U.S. HIGHWAY 441
TAVARES, FL 32778**

**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

Scott W. Showalter

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/07

**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

U000000590503
01/18/07-80059-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | SHOWALTER, SCOTT W. |
| STREET ADDRESS | 11415 U.S. HWY. 441 |
| CITY-ST-ZIP | TAVARES, FL |
| TITLE | D |
| NAME | SHOWALTER, MICHAEL V. |
| STREET ADDRESS | 11415 U.S. HWY. 441 |
| CITY-ST-ZIP | TAVARES, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

Scott W. Showalter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Date

352-343-6146

Daytime Phone #