


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K66309</b> 1. Entity Name BOATWRENCH, INC.	
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Principal Place of Business C/O ROBERT GINA 290 N ANCHOR RD UNIT 112 CASSELBERRY, FL 32707-3267	Mailing Address C/O ROBERT GINA 290 N ANCHOR RD UNIT 112 CASSELBERRY, FL 32707-3267
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2957496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINA, ROBERT  
290 N ANCHOR RD UNIT 112  
CASSELBERRY, FL 32707-3267

**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 ROBERT GINA Robert Gina 2/3/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PVS GINA, ROBERT 290 ANCHOR ROAD CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINA, ROBERT 290 ANCHOR RD CASSELBERRY, FL
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00000420835  
02/16/06-80012-018 150.00

**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: ROBERT GINA PRESIDENT Robert Gina 2/3/06 407-767-2026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #