

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059573

Entity Name: LAKE & BAY BOATS, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1100 INDUSTRIAL WAY EAST
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1100 INDUSTRIAL WAY EAST
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-1536906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEL DUCA, MICHAEL
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DEL DUCA, MICHAEL A
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: VP () Change (X) Addition
Name: WHITAKER, MICHAEL
Address: 1130 US 27 N
City-St-Zip: LAKE PLACID, FL 33852

Title: T,S () Change (X) Addition
Name: JOHNSON, DONALD C
Address: 1100 NANCESOWEE AVE
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL DEL DUCA

P

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date