2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L72602

1. Entity Name

SIGNATURES

LORAN BOAT CORPORATION



FILED Mar 23, 2007 08:00 A Secretary of State

						OD WE	i lining					•
Principal Place of Business %FRANCIS P. PERRUCCI 1848 HARBOR PL NAPLES FL 34104 US				Mailing Address %FRANCIS P. PERRUCCI 1848 HARBOR PL NAPLES FL 34104 US								
2. Principal Place of Business - No P.O Box #				3. Mailing Address				· "	IBIIBII BII JOBIB IIBIA EI	 	# 610(616) D S	
Suite, Apt #, etc.			Suil	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)				
City & State				City & State				4. FEI Numb	oor 65-0206	3486		Applied For Not Applicable
Zip	Country			Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								7. Name and	d Address of Ne	ew Registered	Agent	
. DEDDUGGI FRANCIO P						Name						
PERRUCCI, FRANCIS P. 1848 HARBOR PL NAPLES FL 34104					į	Street Address (P.O. Box Number is Not Acceptable)						
					City					Zip C	ode	
<u></u>						•				Fl	- '.	
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												
FIL'E NOW!!! FEE IS \$150.00 After May 1, 2007 Feè Will Be \$550.00									9. Election Ca			5.00 May Be
. Make Check	k Pavable to	Florida Departme	nt of State						Trust Fund	Contribution.	□ A	dded to Fees
,Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 1								ADDITIONS	CHANGES TO	OFFICEDS AN	D DIDECT/	TE INI 2QC
TITLE	PSD	OFFICERS	AND DINEOTO	Delete THILE				ADDITIONS	7CHANGES TO	OFFICERS AN	□ Chang	
NAME	PERRUCCI, FRANCIS, P										L Chang	le 🗀 Addition 1
STREET ADDRESS	40.00.000000000000000000000000000000000			STRU				000000677115 03/30/07-80087-013 150.00				
CITY - ST - ZIP	NAPLES FL 34104			CITY					03/30/00	/-80087-4	013 IS	non I
TITLE				Delete	1111						☐ Chang	
NAME					NAM	. [_ •	_
STREET ADDRESS						TADORESS						
CITY-ST-7IP					CITY	ST- ZIP			<u></u> .			
THILE				☐ Delete	TITLE						Chang	je 🗌 Addilion
NAME	,		•	•	NAME	- 1				,		
STREET ADDRESS City-ST-7IP						ST-7IP						
INTE				☐ Delete	-						Chops	e 🔲 Addilion
NAME		•		L. Detete	TITLE						Chang	e Addition
STREET ADDRESS						1 ADDRESS						
CITY-ST-ZIP					CITY-	S1-7IP						
TITLE				☐ Delele	TITLE.						☐ Chang	e 🔲 Addilion
NAME					NAME	:						_
STREET ADDRESS					STREE	T ADDRESS						
C1TY - ST - ZIP					CIIY-	ST-ZiP						
TITLE				☐ Delete	TOTLE						☐ Chang	e 🔲 Addilion
NAME		,			NAMI:							
STREET ADDRESS						I ADDRESS						
CITY-ST-ZIP						ST-71P						
I I I DOLODIV C	antita that the	intermetion cumplic	a with this filing	a acco not auclific fa	r the ov	amatiana as	antain ad	t in Contine 11	G. Elacida Ctatud.	aa I fuuthar aa		a intermetion

2. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a Daytime Phona #