2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M67960

1. Entity Name
ORCA-BOAT INC.

Principal Place of Business	Mailing Address
319 GRACIELA CIRCLE ST. AUGUSTINE, FL 32086	319 GRACIELA CIRCLE ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
62-1343349	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

LAUDENSLAGER, GLENN D.
319 GRACIELA CIR
SAINT AUGUSTINE, FL 32086

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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: *Glenn D. Laudenslager* GLENN D. LAUDENSLAGER 4/26/05

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LAUDENSLAGER, GLENN D.
STREET ADDRESS	319 GRACIELA CIR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	TVP
NAME	LAUDENSLAGER, PAMELA
STREET ADDRESS	319 GRACIELA CIR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/27/05-80072-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Glenn D. Laudenslager* GLENN D. LAUDENSLAGER 4/26/05   (904) 825-1971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #