


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 04, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # M67960</b> 1. Entity Name <b>ORCA-BOAT INC.</b>	
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Principal Place of Business <b>319 GRACIELA CIRCLE ST. AUGUSTINE, FL 32086</b>	Mailing Address <b>319 GRACIELA CIRCLE ST. AUGUSTINE, FL 32086</b>
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05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1343349</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LAUDENSLAGER, GLENN D. 319 GRACIELA CIR SAINT AUGUSTINE, FL 32086</b>
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**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 obligation of, registered agent.	
SIGNATURE <i>Glenn D. Laudenslager</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	<b>GLENN D. LAUDENSLAGER, PRES 5/2/07</b> <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LAUDENSLAGER, GLENN D. 319 GRACIELA CIR SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP LAUDENSLAGER, PAMELA 319 GRACIELA CIR SAINT AUGUSTINE, FL 32086
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05/25/07-80023-023 150.00

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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: <i>Glenn D. Laudenslager</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>GLENN D. LAUDENSLAGER, PRES. 5/2/07</b> <small>Date Daytime Phone #</small>