

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90045 028 ****70.00

DOCUMENT # N00000000714

1. Entity Name

BOAT-A-BOUTS, INC.



Principal Place of Business

5607 DEAUVILLE COURT
CAPE CORAL FL 33904
US

Mailing Address

5607 DEAUVILLE COURT
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

5607 Deauville Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral Florida

Zip

Country

Zip

Country

33904

4. FEI Number

65-0980592

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORIN, MARQUERITE L.
5607 DEAUVILLE COURT
CAPE CORAL FL 33914

Name

Marquerite L. Morin

Street Address (P.O. Box Number is Not Acceptable)

5607 Deauville Court

City

Cape Coral

FL

Zip Code

33904

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

Marquerite L. Morin, Agent

DATE

2/27/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	CAPUOZZO, JOSEPH	
STREET ADDRESS	2821 SE 18TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KOSTIHO, KENNETH	
STREET ADDRESS	1016 SE 40TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROSIG, EDIE	
STREET ADDRESS	4026 SE 12TH AVE UNIT 206	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input type="checkbox"/> Delete
NAME	SERAVALLI, SHELLEY	
STREET ADDRESS	5257 SW 30 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guy Lisella	
STREET ADDRESS	2107 25th Terr. Cape Coral Fl.	
CITY-ST-ZIP	33904	
TITLE	Vice Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory Secor	
STREET ADDRESS	5807 S.W. 3rd Ave	
CITY-ST-ZIP	Cape Coral Fl 33914	
TITLE	Pulsar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Felber	
STREET ADDRESS	230 S.E. 10th Ave	
CITY-ST-ZIP	Cape Coral Fl 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

Guy Lisella

Guy Lisella 3-5-04

239-523-0928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #