2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # N00000000714 1. Entity Name 04-19-2005 90385 028 ****61.25 BOAT-A-BOUTS, INC. Principal Place of Business Mailing Address 5607 DEAUVILLE COURT 5607 DEAUVILLE COURT CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0980592 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORIN, MARQUERITE L Street Address (P.O. Box Number is Not Acceptable) 5607 DEAUVILLE COURT CAPE CORAL FL 33914 Zip Code 33 90 4 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. 1 am familiar with, and accept the obligations of registered agent FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 🥸 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGE TO OFFICERS AND DIRECTORS IN 10 CommoDove TITLE ☑ Delete TITLE ☐ Change ✓ Addition LISELLA, GUY GERRY SERAUR NAME NAME 2107 25TH TERR STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP CHY-ST-7IP TITLE Delete TITLE **X** Addition SWLANELLI, GERRY NAME NAME 5227 SW 3RD AVE STREET ADDRESS STREET ADDRESS CAPÉ CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE TITL F Detete 🖳 ARLBER, LARRY NAME NAME Marquerite 230 SE 10TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP Delete TITLE Addition SERVAVALLI, SHELLEY NAME 5257 SW 30 AVE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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 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. Margarita Molin 4/12/05 239.540 4006 SIGNATURE:

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CITY-ST-ZIP