


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90016 015 ****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
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2. Principal Place of Business - No P.O. Box # 5219 SW 3RD AVE Suite, Apt. #, etc.	3. Mailing Address 5219 SW 3RD AVE Suite, Apt. #, etc.
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City & State CAPE CORAL FL	City & State CAPE CORAL FL	4. FEI Number 65-0980592	Applied For Not Applicable
Zip 33914	Country USA	Zip 33914	Country USA

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent MORIN, MARQUERITE L 5607 DEAUVILLE COURT CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name JEANNE SEMYCK-LAZOVICK Street Address (P.O. Box Number is Not Acceptable) 5219 SW 3RD AVE City CAPE CORAL FL Zip Code 33914
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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 JEANNE SEMYCK-LAZOVICK (JEANNE SEMYCK-LAZOVICK) PURSER 3/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOPGOOD, GEORGE 2708 SW 48TH TER CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GERRY SERAVALLI 5227 SW 3RD AVE CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BOOS, KATHY 3930 SW 19TH AVE CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ANNE MOORE 3041 SW 28TH AVE CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIN, MARQUERITE L 5607 DEAUVILLE WAY CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEANNE SEMYCK-LAZOVICK 5219 SW 3RD AVE CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTARO, MARY-ANN 2516 SW 25TH AVEN CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JEANNE SEMYCK-LAZOVICK (JEANNE SEMYCK-LAZOVICK) PURSER 3/15/07
Signature and typed or printed name of signing officer or director Date Daytime Phone #