2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Secretary of State DOCUMENT # N0400002106 02-22-2005 90018 028 ****61.25 1. Entity Name FAST BOATS, INC. OF CENTRAL FLORIDA Principal Place of Business Mailing Address 2390 S HWY 17 2390 S HWY 17 40021073 CRESCENT CITY, FL 32112 CRESCENT CITY, FL 32112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182005 CR2E037 (10/03) Chg-NP City & State Applied For City & State 4. FEI Number 42-1616174 Not Applicable Zio Country Zio 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 ... Name BAKER, JANET L 2390 S HWY 17 Street Address (P.O. Box Number is Not Acceptable) CRESCENT CITY, FL 32112 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE Delete TITI F Addition BAKER, RONALD C NAME 2390 S HWY 17 STREET ADDRESS STREET ADDRESS CRESCENT CITY, FL 32112 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition DITTO, BRUCE NAME NAME STREET ADDRESS 131 PUTNAM COUNTY BLVD. STREET ADDRESS City-St-ZIP EAST PALATKA,, FL 32131 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BAKER, JANET L NAME NAME STREET ADDRESS 2390 S HWY 17 STREET ADDRESS CITY-ST-ZIP CRESCENT CITY, FL 32112 CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TIRLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachagent with an address, with all other like empowered.

FILED

Feb 22, 2005 8:00 am