
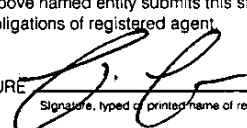
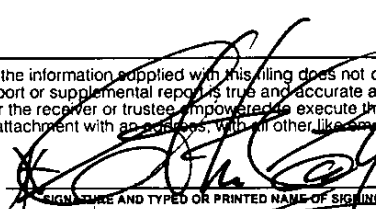


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90189 013 \*\*\*\*61.25

<b>DOCUMENT # N06000012067</b> 1. Entity Name <b>HISTORIC OFFSHORE RACE BOAT ASSOCIATION, INC</b>					
Principal Place of Business <b>12000 NORTH DALE MABRY HIGHWAY, SUITE 110</b> <b>TAMPA, FL 33618</b>				Mailing Address <b>PO BOX 812702</b> <b>BOCA RATON, FL 33481-2702</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-8055802</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE LAW OFFICES OF NICK SPRADLIN, PLLC.</b> <b>1405 JEAN STREET</b> <b>LUTZ, FL 33548</b>				Name <b>the Law Offices of Nick Spradlin, PLLC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12000 North Dale Mabry Hwy</b> <b>Suite 110</b> City <b>TAMPA</b>	
				FL Zip Code <b>33618</b>	
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  <b>Nick Spradlin</b> <b>2/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, CHARLES JR.		NAME		
STREET ADDRESS	1405 JEAN STREET		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, CHARLES III		NAME		
STREET ADDRESS	1405 JEAN STREET		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, TIMOTHY		NAME		
STREET ADDRESS	1405 JEAN STREET		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33548		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like so covered.					
SIGNATURE:  <b>C.F. McCarthy</b> <b>2/26/08</b> <b>X401-258 4852</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					