

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90016 007 ***150.00

DOCUMENT # P00000013656

1. Entity Name
CHARLOTTE HARBOR BOAT STORAGE, INC.



Principal Place of Business

13101 APPLETON BLVD
PO BOX 945
CAPE HAZE, FL 33946

Mailing Address

C/O ROBERT D. ROYSTON, JR.
P.O. DRAWER 60205
FORT MYERS, FL 33906

50007594



02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

P.O. Box 945

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Placida, FL

City & State

4. FEI Number

65-0979526

Applied For

Not Applicable

Zip

33946

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

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

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **POCKLINGTON, ROBERT L**
STREET ADDRESS **4644 ARLINGTON STREET**
CITY-ST-ZIP **CAPE HAZE, FL 33946**

TITLE **P** ☐ Change ☒ Addition
NAME **BRADY A. POCKLINGTON**
STREET ADDRESS **911 Cypress Lake Circle**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **VPST** ☒ Delete
NAME **BOWE, HAROLD J**
STREET ADDRESS **P.O. BOX 4**
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE **VP,S,T** ☐ Change ☒ Addition
NAME **JAMES A. POCKLINGTON**
STREET ADDRESS **1206 Morningside Drive**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/05 239707401