

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90020 006 \*\*\*150.00

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<b>DOCUMENT # P00000050028</b> 1. Entity Name <b>J.P. POWER BOATS, INC.</b>					
Principal Place of Business <b>6555 NW 9TH AVENUE SUITE 408 FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>6555 NW 9TH AVENUE SUITE 408 FORT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>6500 N.W. 12th Ave. #104</b>			3. Mailing Address <b>same</b>		
Suite, Apt. #, etc. <b>suite #104</b>			Suite, Apt. #, etc. 		
City & State <b>Fort Lauderdale, Fl. 33309</b>			City & State 		
Zip <b>33309</b>		Country <b>Broward</b>		Zip 	
Country <b>Broward</b>		4. FEI Number <b>65-1009219</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>PAPP, JOHN 6555 NW 9TH AVENUE SUITE 408 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent  Name <b>same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'</b>		
TITLE <b>D</b> NAME <b>PAPP, JOHN</b> STREET ADDRESS <b>2744 NE 28TH AVE</b> CITY-ST-ZIP <b>LIGHTHOUSE POINT, FL 33064</b>	<input type="checkbox"/> Delete		TITLE <b>2737 NE 28th #1</b> NAME <b>Lighthouse Pt, FL 33064</b> STREET ADDRESS <b>Lighthouse Pt, FL 33064</b> CITY-ST-ZIP <b>Lighthouse Pt, FL 33064</b>	<input checked="" 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	
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 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 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: <u>John Papp</u> <b>JOHN PAPP</b> <b>PRES.</b> <b>7/13/04</b> <b>9546826319</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					