## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000052549

City-St-Zip:

Entity Name: TARGET BOATS OF FLORIDA, INC.

NORTH PALM BEACH, FL 33408

FILED Mar 23, 2009 Secretary of State

| Current Principal Place of Business:                       |   |                                | New Principal Place of Business:   |  |  |
|--|---|--------------------------------|------------------------------------|--|--|
| 1525 W 5<br>MANGON   | 53RD ST<br>NIA PARK, FL :                   | 33407                          |                                    |  |  |
| Current Mailing Address:                                   |   |                                | New Mailing Address:               |  |  |
| 1525 W 5<br>MANGON   | 53RD ST<br>NIA PARK, FL (                   | 33407                          |                                    |  |  |
| FEI Numbe  | er: 65-1011307                              | FEI Number Applied For ( )     | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Add |   |                                |                                    | ress of New Registered Agent:                |  |
| 312 NOR  | MOTT, MATTHE<br>THLAKE DR #2<br>PALM BEACH, | 206                            |                                    |  |  |
|  | e named entity<br>te of Florida.            | submits this statement for the | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATU  | JRE:  |                                |                                    |  |  |
|  | Electro                                     | nic Signature of Registered A  | gent                               | Date   |  |
| Election Ca  | ampaign Financin                            | g Trust Fund Contribution ( ). |                                    |  |  |
| OFFICER  | RS AND DIREC                                | TORS:                          | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:                                | PD (<br>MCDERMOTT,<br>312 NORTHLA           |                                | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW MCDERMOTT PD 03/23/2009