2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P00000054432** 03-12-2007 90093 015 ***150.00 BOATERS BEST.COM, INC. Principal Place of Business Mailing Address 3620 NE 17 AVE 3620 NE 17 AVE OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-1017330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, JON Street Address (P.O. Box Number is Not Acceptable) 3620 NE 17 AVE OAKLAND PARK, FL 33334 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DP Change TIT1 F ■ Addition ☐ Delete ZIMMERMAN, JIM NAME NAME 2831 NE 16TH SP. STREET ADDRESS 3620 NE 17 AVE STREET ADDRESS OAKLAND PARK, FL 33334 CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP 33062 DST TITLE ☐ Delete TITLE LEWIS, JON MARIF NAME STREET ADDRESS 3620 NE 17 AVE STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33334 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME MARKE 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 of suppliemental 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 empower of 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. th all on SIGNATURE: mem

G OFFICER OR DIRECTOR

FILED

Mar 12, 2007 8:00 am

Daytime Phone #