2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPORT							_	04.20.20	•/ ○○7 ○○44 ?	∩ <i>E</i> ∩ ***1	50.00
DOCUMENT # P0000059939 1. Entity Name LYDIA BOATS, INC.								04-30-21	007 90443	030	130.00
Principal Place of Business				ailing Address			_ m E				
55 EAST OCEAN BLVD. STUART, FL 34994				5 EAST OCEAN BLVD. TUART, FL 34994	:	·	190775				
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		02262007	Chg-P	CR2E0	34 (12/06)		
City & State				City & State			4. FEI Numb 65-103		•	<u> </u>	oplied For ot Applicable
Zip	Country			Zip				of Status Desired		\$8.75 Add Fee Require	ditional d
GUY, WILLIAM E JR. 55 EAST OCEAN BLVD. STUART, FL 34994 City Support										1997/	
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 pfinited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) [NOTE: Registered Agent signature required when reinstating)											and accept
Arto, may 1, 200, 100 mm ac 4000100							.00 May Be led to Fees				
10.	T =	OFFICERS AN	ID DIREC		11,		ADDITIONS	/CHANGES TO C	FFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8001 BEL	NG, THOMAS A MONT AVE. CE, FL 34951		☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8001 BEL	NG, ELIZABETH J MONT AVE. CE, FL 34951		☐ Delete		·				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						Change	Addition
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.											