
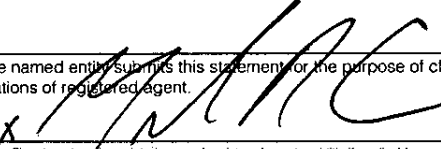
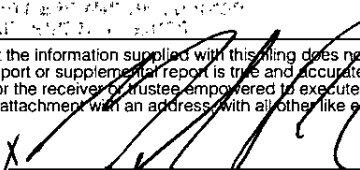


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 027 ***158.75

DOCUMENT # P00000087918 1. Entity Name CLASSIC BOAT CARE, INC.					
Principal Place of Business 18275 A1A, UNIT 3 JUPITER, FL 33477			Mailing Address 18275 A1A, UNIT 3 JUPITER, FL 33477		
2. Principal Place of Business 5186 Woodruff Lane <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5186 Woodruff Lane <small>Suite, Apt. #, etc.</small>			
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL		4. FEI Number 65-1099729	
Zip 33418		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREAR, CRAIG 5186 WOODRUFF LANE PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Michael D. Grear Street Address (P.O. Box Number is Not Acceptable) 5186 Woodruff Lane City Palm Beach Gardens FL Zip Code 33418		
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 the registered agent.					
SIGNATURE 			Michael D. Grear DATE 01-01-04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREAR, CRAIG 18275 A1A, UNIT 3 JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T Grear, Michael D. 5186 Woodruff Lane Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREAR, MICHAEL 18275 A1A, UNIT 3 JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S Kevin A. Grear 5186 Woodruff Lane Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREAR, KEVIN 18275 A1A, UNIT 3 JUPITER, FL 33477	<input checked="" 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	D GREAR, MARLEEN 18275 A1A UNIT 3 JUPITER, FL 33477	<input checked="" 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	<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	<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: 			Michael D. Grear, President 01-01-04 561-775-6356		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		