2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087918

Entity Name: CLASSIC BOAT CARE, INC.

FILED Apr 11, 2005 Secretary of State

Entity Na	me: CLASSIC BOA	AT CARE, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	ODRUFF LN ACH GARDENS, FL	33418		
Current Mailing Address:			New Mailing Addres	s:
	ODRUFF LN ACH GARDENS, FL	33418		
FEI Number	:: 65-1099729 FE	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:
5186 WOO PALM BE	MICHAEL D DDRUFF LANE ACH GARDENS, FL e named entity subm e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electronic Sig	gnature of Registered Ag	ent	Date
Election Ca	mpaign Financing Trus	t Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delet GREAR, MICHAEL D 5186 WOODRUFF LN PALM BEACH GARDI	1	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: Citv-St-Zip:	VSD () Delet GREAR, KEVIN A 5186 WOODRUFF LN PALM BEACH GARDE	1	Title: Name: Address: Citv-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL D.GREAR PD 04/11/2005