


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000099364 1. Entity Name AIRBOAT WORLD, INC.	
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Principal Place of Business 805 SOUTH MAGNOLIA AVE., STE. B OCALA, FL 34474	Mailing Address PO BOX 5580 OCALA, FL 34478
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3679104	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPICER, TIMOTHY E
805 SOUTH MAGNOLIA AVE, STE B
OCALA, FL 34474**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPICER, TIMOTHY E 805 SOUTH MAGNOLIA AVE., STE. B OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LASKARIS, KATRINA 805 SOUTH MAGNOLIA AVE., STE. B OCALA, FL 34474
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05/04/04-80133-D18 158.75

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IN THIS SPACE**

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: <i>Katrina Laskaris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-29-04 352-840-0033 Date Daytime Phone #
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