

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114841 1. Entity Name BOAT CAR COMPANY, INC.	
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Principal Place of Business 397 MOORING LINE DR. NAPLES, FL 34103-3410	Mailing Address 397 MOORING LINE DR. NAPLES, FL 34103-3410
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DO NOT WRITE IN THIS SPACE



06052006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3572185	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, LINDA
397 MORNING LINE DR.
NAPLES, FL 34102

**DO NOT WRITE
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 _____ U000000567032
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting) 06/12/06-80006-009 150.00
DATE

FILE NOW!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OZGA, JOHN 48560 MARTZ RD BELLEVILLE, MI 48111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REHKOPE, CHERIE 48560 MARTZ RD BELLEVILLE, MI 48111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  734-697-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-31-06
Date Daytime Phone #