

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 012 \*\*\*150.00

**DOCUMENT # P00000118048**

1. Entity Name

NOAH'S BOAT RENTALS, INC.



Principal Place of Business

3 MOSSY COVE DR  
LORIDA FL 33857

Mailing Address

3 MOSSY COVE DR  
LORIDA FL 33857

94026389



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-1065874

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYON, EDMUND L  
6299 W. SUNRISE BLVD.  
SUITE 213  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name Edmund L. Wood  
Street Address (P.O. Box Number is Not Acceptable)  
2426 WILTON DRIVE  
City WILTON MANORS FL Zip Code 33305

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

Edmund L. Wood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HEMINGWAY SCHIRTZ, ANN	
STREET ADDRESS	255 LOWER MATECUMBE ROAD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHIRTZ, RAY	
STREET ADDRESS	255 LOWER MATECUMBE ROAD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY SCHIRTZ, ANN	
STREET ADDRESS	3 MOSSY COVE DR.	
CITY-ST-ZIP	LORIDA, FL. 33857	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIRTZ, RAY	
STREET ADDRESS	3 MOSSY COVE DR.	
CITY-ST-ZIP	LORIDA, FL. 33857	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Raymond Schirtz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

Date

863-655-0119

Daytime Phone #