2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 02, 2007 8:00 am **Secretary of State** DOCUMENT # P01000006873 03-02-2007 90008 044 ***150.00 CAPTAIN DAN'S BOAT SALES, INC. Principal Place of Business Mailing Address 1211 SE 14 DRIVE 1211 SE 14 DRIVE DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1078889 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 1211 SE 14 DRIVE DEERFIELD BEACH, FL 33441 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE Delete TITLE ☐ Change ■ Addition HILL DANIEL L NAME NAME 1211 SE 14 DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ☐ Delete MDE TITLE ☐ Change ☐ Addition HILL, JACQUELINE B 1211 SE 14 DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE ☐ Detete ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on arrettachment with an address

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