2004 FOR PROFIT CORPORATION

	ANNUAL R	EPORT (AR)	process and the	A	Apr 19, 2004	48:00	am	
DOCU	MENT # P0100001465	56			Secretary of	of State	e	
1. Entity Name					04-19-2004 90328 0			
BOATMAT CORPORATION								
			COO WE					
Principal Plac	e of Business	Mailing Address						
		3900 DOW RD. STE E			24046857			
MELBOURN	E FL 32934	MELBOURNE FL 32934			a (Szyrski ili ssisi liğil sölik səlik səlik səlik	i PPA GITIS TILLI TILL TI	1886 in 1 99 1	
2. Principal F	Place of Business	3. Mailing Address	•					
3900 Dow Rd.		3900 Dow Rd						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State		City & State		4. FEI Nu	imber FO 0606068	Ар	plied For	
		Melbourne			59-3696268		t Applicable	
3293	Country USA	32934	Country USA	5. Certific	cate of Status Desired	\$8.75 Addi Fee Required		
33,10	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
7 TU/	OMBOON ELLEN C	•	Name _	nom 030	o. Fllen C.		· -	
THOMPSON, ELLEN C 3900 DOW RD. STE E			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE FL 32934			20	3900 Daw Rd. STE. C				
			City	City FI Zin Code 2.4				
9 The above	a named entity submits this statement for	r the nurnose of changing its rer		elbourn	<u>e</u>	- 52	and accent	
	tions of registered agent.	it the purpose of changing his req	gratered errice or	egistered agent, e	Doing in the otate of Florida.	earried mear tries,	0.10 d000px	
SIGNATURE				•				
ATAL Appropriate Avenue	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signati.	required when reinstatin	g) DA	ATE		
	FILE NOW!!! FEE IS \$150.00 IT May 1, 2004 Fee will be \$550.00			9.	. Election Campaign Financing		0 May Be	
The second of th	k Payable to Florida Department o	f State			Trust Fund Contribution.	∐ Added	l to Fees	
10.	OFFICERS AND	DIRECTORS	11.		NS/CHANGES TO OFFICERS			
TITLE NAME	PVST THOMPSON, ELLEN C	☐ Delete	TITLE NAME	PVST Thom <i>os</i> on.	Ellen C	🔀 Change	Addition	
STREET ADDRESS	· ·		STREET ADDRESS	Thompson, 3900 Dow	Rd. STE C			
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP	melbourne	L A. 3⊇934 ·			
NAME	THOMPSON, ELLEN C	Delete	TITLE NAME	D Thomason:	Ellen C	☑ Change	☐ Addition	
STREET ADDRESS	· ·		STREET ADDRESS	3900 DOW	Flen C) Ro., STE C			
CITY-ST-ZIP	MELBOURNE FL 32934		CITY-ST-ZIP	mel bourn	e 71: 32934.			
TITLE NAME	The same and some same	Delete	TITLE NAME	<u>-</u>	en e	Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			P*** 4.		
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	-		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	1,000		CITY-ST-ZIP					
TITLE	• 1	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
1								
12. I hereby indicated	certify that the information supplied with d on this report or supplemental report is proporation or the receiver or trustee eyec-	h this filing does not qualify for the strue and accurate and that my	ne exemption sta signature shall h	ed in Section 119.0 ive the same legal	17(3)(i), Florida Statutes. I furthe effect as if made under oath; th	er certify that the in nat I am an officer	nformation or director	

FILED