

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90023 025 ***150.00

DOCUMENT # P01000021593

1. Entity Name: **PREMIUM BOAT CO. INC.**



Principal Place of Business
**928 NE 24TH LANE
CAPE CORAL, FL 33909**

Mailing Address
**C/O BOWMAN & BOWMAN, CPA
1705 COLONIAL BLVD
FORT MYERS, FL 33907**

44024926



01072004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1122204** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISHER, LEIGH M
1505 SE 40TH ST., STE. B
CAPE CORAL, FL 33904**

Name **RICHARD VANDERLAAN**

Street Address (P.O. Box Number is Not Acceptable)

1705 COLONIAL BLVD D-1

City **FORT MYERS**

FL

Zip Code **33907**

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

(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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **VANDERLAAN, RICHARD S**
STREET ADDRESS **1616 CAPE CORAL PARKWAY**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **VANDERLAAN, GREGORY C**
STREET ADDRESS **1665 AWAKEA ROAD**
CITY-ST-ZIP **LAHAINO, HI 96761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BOWMAN, LARRY**
STREET ADDRESS **1705 COLONIAL BLVD D-1**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #