


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

*DOCUMENT # P01000021593 1. Entity Name PREMIUM BOAT CO.	
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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
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1122204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VANDERLAAN, RICHARD 1705 COLONIAL BLVD D-1 FORT MYERS, FL 33907
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD VANDERLAAN, RICHARD S 1616 CAPE CORAL PARKWAY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P VANDERLAAN, GREGORY C 1665 AWAKEA ROAD LAHAINO, HI 96761
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BOWMAN, LARRY 1705 COLONIAL BLVD D-1 FORT MYERS, FL 33907
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02/24/05-80088-019 150.00

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IN THIS SPACE**

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: LARRY BOWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #