


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 019 ***150.00

DOCUMENT # P01000035816

1. Entity Name
BLACKBEARD BOATS, INC.



Principal Place of Business
**207C WEST STATE RD. 434
WINTER SPRINGS, FL 32708**

Mailing Address
**207C WEST STATE RD. 434
WINTER SPRINGS, FL 32708**

2. Principal Place of Business
207C W. S.R. 434

3. Mailing Address
P.O. Box 620226

Suite, Apt. #, etc.
Winter Springs, Fl.

Suite, Apt. #, etc.
Oviedo, Florida

City & State
32708

City & State
Florida



02212005 Chg-P CR2E034 (10/03)

Zip
32708

Country

Zip
32762-0226

Country
Seminole

4. FEI Number
59-3719387

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, SCOTT K
207C W STATE RD 434
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. I am familiar with, and accept the obligations of registered agent in the State of Florida. I am familiar with, and accept

SIGNATURE _____ (instating) 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 - ST - ZIP	<input type="checkbox"/> Delete
P	RYAN, SCOTT	207C WEST STATE RD. 434	WINTER SPRINGS, FL 32708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott K. Ryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

i), Florida Statutes. I further certify that the information if made under oath; that I am an officer or director that my name appears in Block 10 or Block 11 if