
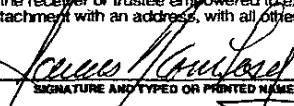


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90040 024 ***150.00

DOCUMENT # P01000042892					
1. Entity Name RAGBOATS INC.					
Principal Place of Business 1603 E 14TH CT. LYNN HAVEN, FL 32444		Mailing Address 1603 E 14TH CT. LYNN HAVEN, FL 32444			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3719380	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOMLOSY, JAMES 1603 E 14TH CT. LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOMLOSY, JAMES	NAME	CLACKLEY, JACK		
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	1603 E 14TH CT		
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	LYNN HAVEN, FL 32444		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRICE, GARY	NAME	CLACKLEY, ELLEN		
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS	1603 E 14TH CT.		
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	LYNN HAVEN, FL 32444		
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, ELLEN	NAME			
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARNO, JOHN	NAME			
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLACKLEY, CHARLES	NAME			
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLACKLEY, SALLIE	NAME			
STREET ADDRESS	1603 E 14TH CT.	STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN, FL 32444	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: 		JAMES KOMLOSY		2-19-04 850-265-4578	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	