


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 003 ***150.00

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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**

40006974

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01252006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3719380

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	KOMLOSY, JAMES	
STREET ADDRESS	1603 E 14TH CT.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	P	<input type="checkbox"/> Delete
NAME	PRICE, GARY	
STREET ADDRESS	1603 E 14TH CT.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, ELLEN	
STREET ADDRESS	1603 E 14TH CT.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLACKLEY, JACK	
STREET ADDRESS	1603 E 14TH CT.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSEW, PAUL	
STREET ADDRESS	1603 E. 14TH CT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUDINSRY, JOHN	
STREET ADDRESS	1603 E. 14TH CT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDINSKY, CHARLOTTE	
STREET ADDRESS	1603 E 14TH COURT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLACKLEY, ELLEN	
STREET ADDRESS	1603 E 14TH CT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSEW, PAUL	
STREET ADDRESS	1603 E 14TH CT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **25 JAN 2006 850-265-4578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #