

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042892

FILED
Jan 19, 2009
Secretary of State

Entity Name: RAGBOATS INC.

Current Principal Place of Business:

1603 E 14TH CT.
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 997
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3719380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDINSKY, JOHN
411 SOUTH BONITA AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRICE, GARRY
Address: 100 CHERRY STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Delete
Name: KOMLOSY, JAMES
Address: 1603 E 14TH CT.
City-St-Zip: LYNN HAVEN, FL 32444

Title: T/S () Delete
Name: DUDINSKY, JOHN
Address: 411 SOUTH BONITA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DUDINSKY, CHARLOTTE
Address: 411 SOUTH BONITA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: SOMERSET, STEPHANIE
Address: 2113 PEBBLE BEACH PLACE
City-St-Zip: PANAMA CITY, FL 32408

Title: D () Delete
Name: GAVIN, WILLIAM
Address: 2113 PEBBLE BEACH PLACE
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. DUDINSKY

T/S

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date