

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042892

FILED  
Apr 19, 2011  
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

**OFFICERS AND DIRECTORS:**

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

Title: P  
Name: GAVIN, WILLIAM  
Address: 2113 PEBBLE BEACH PLACE  
City-St-Zip: PANAMA CITY, FL 32408

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

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

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

Title: D  
Name: CAMPBELL, DALE  
Address: 3617 LARK LANE  
City-St-Zip: PANAMA CITY, FL 32404

I hereby 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 all other like empowered.

SIGNATURE: JOHN DUDINSKY

T/S

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date