

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90201 045 ***150.00

DOCUMENT # P01000047614

1. Entity Name
LOCK 7 BOAT RENTALS, INC.



Principal Place of Business
**3859 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972**

Mailing Address
**3859 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1107858

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CURREN, WILLIAM S
3859 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

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 *William S Curren*

(NOTE: Registered Agent signature required when reinstating)

3/03/05

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 PD
NAME CURREN, WILLIAM S
STREET ADDRESS 3859 HIGHWAY 441 NORTH
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VP
NAME SMITH, DENNIS
STREET ADDRESS 1800 NW 7TH AVE.
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE S
NAME SMITH, JUDY
STREET ADDRESS 1800 NW 7TH AVE.
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE T
NAME CURREN, SUSAN
STREET ADDRESS 3859 HWY 441 N
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *William S Curren Pres/CEO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/05

Date

Daytime Phone #