

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000062812

1. Entity Name
BOCA GRANDE HARBOR WEAR, INC.



Principal Place of Business

480 EAST AVENUE
P.O. BOX 1228
BOCA GRANDE, FL 33921

Mailing Address

P.O. BOX 335
CHARLEVOIX, MI 49720

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2633338
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBISON, EMILY
1200 W. RETTA ESPLANDE
PUNTA GORDA, FL 33950-5395

**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: Emily Robison
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

3-13-05

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

000000313839
04/18/05-80143-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBISON, EMILY
STREET ADDRESS	1200 W. RETTA ESPLANDE
CITY-ST-ZIP	PUNTA GORDA, FL 339505395
TITLE	V
NAME	MABEE, JAMES D
STREET ADDRESS	12060 N. COUNTRY CLUB DR.
CITY-ST-ZIP	CHARLEVOIX, MI 49720
TITLE	ST
NAME	RANGER, BETH
STREET ADDRESS	4153 BARNARD RD.
CITY-ST-ZIP	CHARLEVOIX, MI 49720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Emily Robison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-13-05

Daytime Phone #