

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 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



02282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE

*3/30/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000677658  
04/02/07-80002-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Beth H. Ranger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/07*

Date

*231-547-0044*

Daytime Phone #