

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000079017

1. Entity Name

BECKER BOATS, INC.



FILED

Apr 07, 2008 08:00 AI
Secretary of State

Principal Place of Business

Mailing Address

151 SE 6TH COURT
POMPANO BEACH FL 33060

151 SE 6TH COURT
POMPANO BEACH FL 33060

2. Principal Place of Business - No P.C. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1129027

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, KEVIN
151 SE 6TH COURT
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 Kevin Becker

Signature, Typed or Printed Name of Registered Agent and Title if Applicable.

(NOTE: Registered Agent Signature required when changing agent)

4-3-2008

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME BECKER, KEVIN
STREET ADDRESS 151 SE 6TH CT.
CITY-ST-ZIP POMPANO BEACH FL 33060

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000836267 Change Addition
04/18/08-80049-003 158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kevin Becker (Kevin Becker)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2008 954-410-8063

Date

Day/No Phone #