2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01608

1. Entity Name
BOAT/U.S., INC.

Principal Place of Business	Mailing Address
880 SOUTH PICKETT ST. ALEXANDRIA, VA 22304	880 SOUTH PICKETT ST. ALEXANDRIA, VA 22304

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1259466
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, VIRGINIA L
3326-5 LAKESHORE BLVD.
JACKSONVILLE, FL 32210

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	OAKERSON, WILLIAM
STREET ADDRESS	9399 CROSS POINTE DR
CITY-ST-ZIP	FAIRFAX STATION, VA
TITLE	S
NAME	VIGNEROT, ANN T.
STREET ADDRESS	2601 PARK CTR.DR. #C204
CITY-ST-ZIP	ALEXANDRIA, VA
TITLE	T
NAME	CARD, DIANA F
STREET ADDRESS	12212 EDDYSTONE COURT
CITY-ST-ZIP	LAKE RIDGE, VA 22192
TITLE	CD
NAME	SCHWARTZ, RICHARD
STREET ADDRESS	1401 N. OAK STREET
CITY-ST-ZIP	ARLINGTON, VA
TITLE	VPC
NAME	CARD, DIANA F
STREET ADDRESS	12212 EDDYSTONE CT.
CITY-ST-ZIP	WOODBRIDGE, VA 22192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000313073
04/18/05-80110-011 150.00

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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: Diana Card Diana Card Treasurer 4/14/05 703-823-9550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #