

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01608

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

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

880 SOUTH PICKETT ST.  
ALEXANDRIA, VA 22304

## New Principal Place of Business:

## Current Mailing Address:

880 SOUTH PICKETT ST.  
PO BOX 22381  
ALEXANDRIA, VA 22304

## New Mailing Address:

FEI Number: 54-1259466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLETCHER, VIRGINIA L  
6255 LAKE GRAY BLVD.  
SUITE 4  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OAKERSON, WILLIAM,  
Address: 9399 CROSS POINTE DR  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: S ( ) Delete  
Name: MATEY, EVELYN,  
Address: 12121 THOROUGHbred RD  
City-St-Zip: OAK HILL, VA 20171

Title: T ( ) Delete  
Name: CARD, DIANA F  
Address: 12212 EDDYSTONE COURT  
City-St-Zip: LAKE RIDGE, VA 22192

Title: CD ( ) Delete  
Name: SCHWARTZ, RICHARD,  
Address: 1401 N. OAK STREET  
City-St-Zip: ARLINGTON, VA 22209

Title: VPC ( ) Delete  
Name: CARD, DIANA F  
Address: 12212 EDDYSTONE CT.  
City-St-Zip: WOODBRIDGE, VA 22192

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM OAKERSON

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date