


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

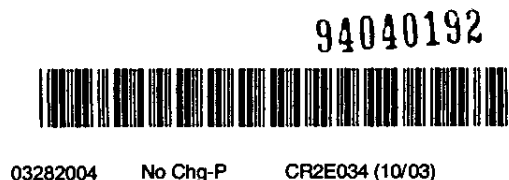
FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90028 009 ***158.75

DOCUMENT # P02000021738 1. Entity Name POWERBOAT SAFETY AND OPERATING SCHOOL, INC.	
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Principal Place of Business 4300 43RD ST. S ST PETERSBURG, FL 33711	Mailing Address 4300 43RD ST. S ST PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



4. FEI Number 03-0473302	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FILLINGHAM, ROBERT A
4300 43RD ST. S
ST PETERSBURG, FL 33711**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FILLINGHAM, SHARLET K 4300 43RD ST. SO. ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILLINGHAM, ROBERT A 4300 43RD ST. ST. ST. PETERSBURG, FL 33711
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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: Sharlet K. Fillingham PSD 3/27/04 (727) 403-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SHARLET K. FILLINGHAM