

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 041 ***150.00

DOCUMENT # P02000064742					
1. Entity Name SUPERIOR BOATS INC.					
Principal Place of Business 4608 LAND OF LAKES BLVD LAND OF LAKES, FL 34639-3923			Mailing Address 4608 LAND OF LAKES BLVD LAND OF LAKES, FL 34639-3923		
2. Principal Place of Business 6929 US 19 Suite, Apt. #, etc.		3. Mailing Address 6929 US 19 Suite, Apt. #, etc.			
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY		4. FEI Number 71-0898514	
Zip 34652		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, NORMAN D 3905 VERSAILLES DR TAMPA, FL 33634			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ROUSE, THOMAS PO BOX 776 ODESSA, FL 33556	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, NORMAN D 3905 VERSAILLES DR TAMPA, FL 335643923	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Thomas Rouse</u> THOMAS ROUSE 4-27-04 727-848-7715 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

TAXPAYER'S COPY