## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 17, 2008 08:00 A Secretary of State **DOCUMENT # P02000064742** SUPERIOR BOATS INC. Principal Place of Business Mailing Address 6929 US 19 6929 US 19 **NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652** 04152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0898514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROGERS, NORMAN D DO NOT WRITE 3905 VERSAILLES DR TAMPA, FL 33634 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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. U00000902722 04/30/08-80017-012 150.00 PDT TITLE NAME ROUSE, THOMAS STREET ADDRESS PO BOX 776 CFTY-ST-ZIP ODESSA, FL 33556 SD TITLE ROGERS, NORMAN D NAME STREET ADORESS 3905 VERSAILLES DR CITY-ST-ZIP TAMPA, FL 335643923 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 gr

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**