
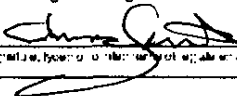
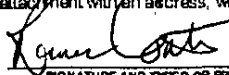


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90005 006 \*\*\*150.00

DOCUMENT # P02000068200			
1. Entity Name BOAT CLUB ENTERPRISES, INC.			
Principal Place of Business 4612 SW 17TH AVENUE CAPE CORAL, FL 33914 US		Mailing Address 4612 SW 17TH AVENUE CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # 5239 LAKE CALDOSA DR. Suite, Apt. #, etc.		3. Mailing Address 5239 LAKE CALDOSA DR. Suite, Apt. #, etc.	
City & State FT. MYERS, FL.		City & State FT. MYERS, FL.	
Zip 33905	Country US	Zip 33905	Country US
4. FBI Number 02-0623868		Apply For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARRATT, CHARLES 4612 SW 17TH AVE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		FL Zip Code	
SIGNATURE 		Date	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRATT, CHARLES O JR 4612 SW 17TH AVENUE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COATES, RENEE 4612 SW 17TH AVENUE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 officer 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:  RENEE COATES, SEC.		Date: 6/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	