
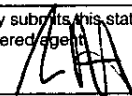



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 044 ***150.00

DOCUMENT # P02000078394			
1. Entity Name NUTS & BOATS, INC.			
Principal Place of Business 330 ISLE OF CAPRI FORT LAUDERDALE, FL 33301		Mailing Address 330 ISLE OF CAPRI FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 150 N FEDERAL Hwy Suite 230		3. Mailing Address 150 N Federal Hwy Suite 230	
City & State FT LAUDERDALE FL		City & State FT Lauderdale FL	
Zip 33301	Country USA	Zip 33301	Country USA
6. Name and Address of Current Registered Agent ZIFRONY, MATTHEW ESQ. C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET 15TH FLOOR FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name F Thomas Godart Street Address (P.O. Box Number is Not Acceptable) 330 Isle of Capri City Fort Lauderdale FL Zip Code 33301	
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:  PRESIDENT DATE: 3-2-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P GODART, THOMAS 330 ISLE OF CAPRI FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Skip (Harold) Reiser 3331 NW 53rd Circle Boca Raton FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Craig Gemmill 9621 Chase Dr. CHAGRIN FALLS OH 44023 <input type="checkbox"/> Change <input checked="" 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
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
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
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
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:  PRESIDENT		Date: 3/2/04 Daytime Phone #: 954 832 0808	

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02262004 Chg-P CR2E034 (10/03)

4. FEI Number **55-0794488** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required