

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 040 \*\*\*150.00

<b>DOCUMENT # P02000130715</b> 1. Entity Name <b>J &amp; S SPORT BOATS, INC.</b>					
Principal Place of Business 12730 C.R. 561 CLEARMONT, FL 34711			Mailing Address 380 WEST ALFRED STREET TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>02-0656103</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SUMMERS, GARY L</b> <b>380 WEST ALFRED STREET</b> <b>TAVARES, FL 32778</b>				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				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			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			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 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.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D</b> <b>SHAFAER, STEPHEN R</b> <b>12730 C.R. 561</b> <b>CLERMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D/P/T</b> <b>Stephen R. Shafer</b> <b>12730 C.R. 561</b> <b>Clermont, FL 34711</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D</b> <b>SHAFAER, JENNIFER</b> <b>12730 C.R. 561</b> <b>CLEARMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D/CEO/S</b> <b>Jennifer Shafer</b> <b>12730 C.R. 561</b> <b>Clermont, FL 34711</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DPT</b> <b>SHAFAER, STEPHEN R</b> <b>12730 CR 561</b> <b>CLERMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DCEO</b> <b>SHAFAER, JENNIFER</b> <b>12730 CR 561</b> <b>CLERMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition		
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SIGNATURE: <i>Jennifer Shafer</i> 2-5-07 3522437001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					