

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132281

FILED  
Jul 12, 2004  
Secretary of State

Entity Name: DUFFY BOATS OF FLORIDA, INC.

## Current Principal Place of Business:

628 FOXWORTHY LANE  
HOLMES BEACH, FL 34217

## New Principal Place of Business:

## Current Mailing Address:

628 FOXWORTHY LANE  
HOLMES BEACH, FL 34217

## New Mailing Address:

PO BOX 1777  
MUSKOGEE, OK 74402

FEI Number: 57-1147876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALAN S. CHRISTNER, JR. P.A.  
350 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LINSLEY, THOMAS R  
Address: 628 FOXWORTHY LANE  
City-St-Zip: HOLMES BEACH, FL 34217

Title: TD ( ) Delete  
Name: SCHILT, JOHN A  
Address: 2800 ROBIN LANE  
City-St-Zip: MUSKOGEE, OK 74403

Title: SD ( ) Delete  
Name: TURNER, JOHN D  
Address: 209 NORTH 2ND STREET  
City-St-Zip: MUSKOGEE, OK 74401

Title: COBD ( ) Delete  
Name: WISE, FRANK A  
Address: 130 SW 87TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 73139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. SCHILT

TD

07/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date