## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Mar 18, 2004 8:00 am **Secretary of State DOCUMENT # P02000134385** 1. Entity Name 03-18-2004 90012 045 \*\*\*150.00 CLEARWATER CUSTOM BOATWORKS, INC. Principal Place of Business Mailing Address 1151 KAPP DRIVE 1151 KAPP DRIVE CLEARWATER FL 33765 54015456 CLEARWATER FL 33765 ncipal Place of Busine Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State 55-0822886 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGMAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 1671 WHITEWOOD DR. CLEARWATER FL 33756 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition TITLE D ☐ Delete NAME BERGMAN, JERRY NAME 7351 BROOKVIEW CIE. 1671 WHITEWOOD DR. STREET ADDRESS STREET ADDRESS TAMPA FL 33634-2926 CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED