

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000014537

1. Entity Name
STRATTON'S AIRBOAT ACCESSORIES, INC.



Principal Place of Business
**4434 E ARLINGTON AVE UNIT 7
INVERNESS, FL 34453**

Mailing Address
**1640 OAK HAVEN TERRACE
INVERNESS, FL 34453**



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0145652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRATTON, DAVID M
1640 OAK HAVE TERR
INVERNESS, FL 34453**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRATTON, DAVID M 1640 OAK HAVEN TERR INVERNESS, FL 34453
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**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

David Stratton

DAVID M. STRATTON

352-860-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #