


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90136 046 \*\*\*150.00

<b>DOCUMENT # P03000049964</b>	
<b>1. Entity Name</b> ABC A BOAT CANVAS, INC.	

<b>Principal Place of Business</b> 5770 S.W. 35TH WAY FORT LAUDERDALE FL 33312	<b>Mailing Address</b> 5770 S.W. 35TH WAY FORT LAUDERDALE FL 33312
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<b>2. Principal Place of Business</b> 2305 N.W. 30 ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> OAKLAND PARK <b>Zip</b> FL 33311	<b>Country</b> U.S.A.	<b>City &amp; State</b>  <b>Zip</b>  <b>Country</b>
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<b>4. FEI Number</b> 03-0517910	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132	<b>7. Name and Address of New Registered Agent</b>  <b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>  <b>City</b> FL <b>Zip Code</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD <b>NAME</b> CASTONGUAY, MARC <b>STREET ADDRESS</b> 5770 S.W. 35TH WAY <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SVD <b>NAME</b> CASTONGUAY, JOCELINE <b>STREET ADDRESS</b> 5770 S.W. 35TH WAY <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_