

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 019 ***150.00

DOCUMENT # P03000063271 1. Entity Name WORKBOAT MICHAEL SCOTT, INC.					
Principal Place of Business 210A HWY 98 EAST DESTIN, FL 32541			Mailing Address PO BOX 5533 DESTIN, FL 32540		
2. Principal Place of Business 210A Harbor Blvd Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Destin FL		City & State _____		4. FEI Number 56-2392510	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINDES, MARY Anne 210A HWY 98 EAST DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Mary Anne Windes Street Address (P.O. Box Number is Not Acceptable) 210A Harbor Blvd City Destin FL Zip Code 32541	
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 re-registering) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINDES, CHARLES K JR 210-A HWY 98 EAST DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WINDES, MARY ANNE 210-A HWY 98 EAST DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAENSLER, STEVE 339 STAHLMAN AVE. DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u><i>Mary Anne Windes</i></u> 3-1-05 850-837-2211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50023482



01252005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

56-2392510

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name Mary Anne Windes

Street Address (P.O. Box Number is Not Acceptable) 210A Harbor Blvd

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