

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/19

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-19-2004 90013 028 ***150.00

66431016



07142004 Chg-P CR2E034 (10/03)

4. FEI Number **331067258** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, JAMES
9203 HIGHLAND RIDGE WAY
TAMPA, FL 33647
BO

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S
STREET ADDRESS	JAMES KELLY
CITY - ST - ZIP	9203 HIGHLAND RIDGE WAY TAMPA FL 33647
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V P
STREET ADDRESS	KEN HAY
CITY - ST - ZIP	12421 N. FLORIDA AVE STE 220 TAMPA FL 33612
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JAMES E KELLY JAMES KELLY PRES/SEC 7/15/04 813935-8361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
66431016

FLORIDA DEPT. OF STATE

July 27, 2004

Florida Dept. of State
Division of Corporations

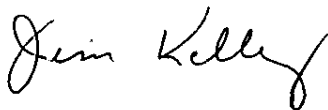
Reference Number P03000088196

Dear Sirs,

I did not receive any notice of the return that was due until 2 weeks ago when I received a card in the mail. It advised that the corp. would be dissolved unless a return was filed. I did that immediately. The card I received said that if I had not received any other notices earlier, then the charge was \$150. That is the amount that I sent, and the check I sent you has been cashed. Will you please waive the late charge?

Thank you for your consideration.

Jim Kelly Pres.



Boat Partners, Inc