## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000088196

Entity Name: BOAT PARTNERS, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9203 HIGHLAND RIDGE WAY 9222 HIGHLAND RIDGE WAY

TAMPA, FL 33647 TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

9203 HIGHLAND RIDGE WAY PO BOX 46056 TAMPA, FL 33647 TAMPA, FL 33647

FEI Number: 33-1067258 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERRI, GUY
9124 HIGHLAND RIDGE WAY
TAMPA, FL 33647 US

NEWTON, MICHAEL N
9217 HIGHLAND RIDGE WAY
TAMPA, FL 33647 US

TAMPA, FL 33647 US

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.

SIGNATURE: MICHAEL N NEWTON 03/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 KELLY, JAMES
 Name:
 NEWTON, MICHAEL

 Address:
 9203 HIGHLAND RIDGEWAY
 Address:
 PO BOX 46056

 Other St. Zime
 TAMBA FL. 23647

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: V () Delete Title: V (X) Change () Addition Name: HAY, KEN Name: MEYER, NICHOLAS

Name: HAY, KEN Name: MEYER, NICHOLAS
Address: 12421 N FLORIDA AVE C220 Address: 9222 HIGHLAND RIDGE WAY

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete Title: V ( ) Change (X) Addition

Name: FERRI, GUY

Address: Address: 9124 HIGHLAND RIDGE WAY

City-St-Zip: City-St-Zip: TAMPA, FL 33647

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Title: ( ) Delete Title: V ( ) Change (X) Addition

Name: Name: HOWARD, BAUGHMAN
Address: Address: 9206 HIGHLAND RIDGE WAY

City-St-Zip: City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL N NEWTON PS 03/09/2006