

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000088196

Entity Name: BOAT PARTNERS, INC.

FILED
Oct 07, 2007
Secretary of State

Current Principal Place of Business:

9222 HIGHLAND RIDGE WAY
TAMPA, FL 33647

New Principal Place of Business:

9110 HIGHLAND RIDGE WAY
TAMPA, FL 33647

Current Mailing Address:

PO BOX 46056
TAMPA, FL 33647

New Mailing Address:

PO BOX 46056
TAMPA, FL 33646

FEI Number: 33-1067258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NEWTON, MICHAEL N
9110 HIGHLAND RIDGE WAY
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 NEWTON

10/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: NEWTON, MICHAEL
Address: PO BOX 46056
City-St-Zip: TAMPA, FL 33647

Title: V (X) Delete
Name: MEYER, NICHOLAS
Address: 9222 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: FERRI, GUY
Address: 9124 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: HOWARD, BAUGHMAN
Address: 9206 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: NEWTON, MICHAEL
Address: PO BOX 46056
City-St-Zip: TAMPA, FL 33646

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 NEWTON

PS

10/07/2007

Electronic Signature of Signing Officer or Director

Date