

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90427 050 \*\*\*150.00

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<b>DOCUMENT # P03000111975</b>	
1. Entity Name <b>CODE III BOAT RENTAL INC.</b>	



Principal Place of Business <b>300 W. RETTA ESPLANADE PUNTA GORDA FL 33950</b>	Mailing Address <b>P.O. BOX 512198 PUNTA GORDA FL 33951</b>
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2. Principal Place of Business <b>300 W. Retta Esplanade</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 512198</b> Suite, Apt. #, etc.
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City & State <b>Punta Gorda FL</b>	City & State <b>Punta Gorda FL</b>
Zip <b>33950</b>	Country <b>USA</b>

4. FEI Number <b>56-2420523</b>	Applied For. <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>AMICK, ROBERT A 29255 MARIS DR. PUNTA GORDA FL 33982</b>	
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7. Name and Address of New Registered Agent Name <b>Robert Amick</b> Street Address (P.O. Box Number is Not Acceptable) <b>29255 Maris Dr.</b> City <b>Punta Gorda</b> FL Zip Code <b>33982</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 <i>[Signature]</i>	DATE <b>4/24/04</b>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>Robert Amick</b> <b>P.O. Box 512198</b> <b>Punta Gorda FL 33951</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Robert Amick</b> <b>SNA</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Robert Amick</b> <b>SNA</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert Amick</b> <b>is only one</b> <b>one listed</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/24/04** **(541) 624-9131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #