2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## . FILED DOCUMENT # P03000150237 Mar 09, 2005 08:00 AM 1. Entity Name **Secretary of State** ISLAMORADA QUEEN BOAT COMPANY, INC. Principal Place of Business Mailing Address 86739 OLD HIGHWAY 86739 OLD HIGHWAY UNIT E 1-2-3 ISLAMORADA FL 33036 UNIT E 1-2-3 ISLAMORADA FL 33036 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 80-0100868 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORTON, JAMES C Street Address (P.O. Box Number is Not Acceptable) 83311 OLD HIGHWAY ISLAMORADA FL 33036 Zip Code FL 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 little if applicable (NOTE Registered Agent signature required when joinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOTALE Delete TITLE Change Addition MORTON, JAMES C NAME STREET ADDRESS 83311 OLD HIGHWAY STRFET ADDRESS U00000256123 CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP TITLE ☐ Change ☐ Delete THE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7(P TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP TITLE ☐ Defete TUTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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: James C. Montin James C. Montin James C. Montine and typed on Printed Name of Signing Officer on Director Dayling Phone 4