



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90075 009 \*\*\*150.00

<b>DOCUMENT # P03000150237</b> 1. Entity Name ISLAMORADA QUEEN BOAT COMPANY, INC.					
Principal Place of Business 86739 OLD HIGHWAY UNIT E 1-2-3 ISLAMORADA, FL 33036 US				Mailing Address 86739 OLD HIGHWAY UNIT E 1-2-3 ISLAMORADA, FL 33036 US	
2. Principal Place of Business - No P.O. Box # <b>83311 OLD Hwy</b>		3. Mailing Address <b>83311 OLD Hwy</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062007 Chg-P CR2E034 (12/06)	
City & State <b>ISLAMORADA FL</b>		City & State <b>ISLAMORADA FL</b>		4. FEI Number <b>80-0100868</b>	
Zip <b>33036</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33036</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORTON, JAMES C</b> <b>83311 OLD HIGHWAY</b> <b>ISLAMORADA, FL 33036</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORTON, JAMES C 83311 OLD HIGHWAY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James C. Morton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				7-7-07 305 360-0804 Date Daytime Phone #	

ATTACHMENT  
40124239  
#P03000150237

AS YOU CAN SEE WE MOVED AND DID NOT RECIEVE ORIGINAL NOTICE  
OR REPORT. Luckily ~~was~~ The Post Office Forwarded The Intent To Dissolve  
AND WE CAUGHT IT IN TIME. Thank you For your cooperation

Jane M. De