## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000041308** 

1. Entity Name A BOAT 4 FUN, INC



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

P. O. BOX 888 KEY LARGO, FL 33037 Mailing Address

P. O. BOX 888 KEY LARGO, FL 33037



## DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2775279

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOIA, SAM 97951 OVERSEAS HWY. KEY LARGO, FL 33037

## DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			U00000903455 04/30/08-80046-022 150.00
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P STOIA, SAM P. O. BOX 888 KEY LARGO, FL 33037	CTORS			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				A	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

12. I nereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

april 15 2008 305-852-2025

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