

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90027 015 \*\*\*158.75

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # P04000047765</b><br>1. Entity Name<br><b>STEINHATCHEE BOAT WORKS, INCORPORATED</b>  |  |   |  |
| Principal Place of Business<br><b>1127 VAUGHN AVENUE<br/>STEINHATCHEE, FL 32359</b>   |  | Mailing Address<br><b>1127 VAUGHN AVENUE<br/>STEINHATCHEE, FL 32359</b>   |  |
| 2. Principal Place of Business<br><b>1131 VAUGHN LANE</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>PO BOX 522</b><br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Steinhatchee, FL 32359</b>   |  | City & State<br><b>Steinhatchee, FL 32359</b>   |  |
| Zip<br><b>32359</b>   |  | Zip<br><b>32359</b>   |  |
| Country<br><b>FL</b>  |  | Country<br><b>FL</b>  |  |
| 4. FEI Number<br><b>54-2147848</b>  |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 01042005 Chg-P CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VAUGHN, CHARLES SR<br/>1127 VAUGHN AVENUE<br/>STEINHATCHEE, FL 32359</b>  |  | 7. Name and Address of New Registered Agent<br><br>Name<br><b>VAUGHN, CHARLES SR</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1131 VAUGHN LANE</b><br><br>City<br><b>STEINHATCHEE</b> <b>FL</b> Zip Code<br><b>32359</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DPVT<br>VAUGHN, CHARLES SR<br>1127 VAUGHN AVENUE<br>STEINHATCHEE, FL 32359 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DPVT<br>VAUGHN, CHARLES SR<br>1131 VAUGHN LANE<br>Steinhatchee, FL 32359     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  |  | 3/15/05 (352) 498-5519  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |  |