2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000048292

1. Entity Name

STREET ADDRÈSS CITY-ST-ZIP

VOYAGER BOATING, INC.



Principal Place of Business Mailing Address

12840 MANDARIN RD JACKSONVILLE, FL 32223 12840 MANDARIN RD JACKSONVILLE, FL 32223 FILED May 05, 2008 08:00 AN Secretary of State



05052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2148502

Applied For Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, T. GEOFFREY ONE INDEPENDENT DR SUITE 2200 JACKSONVILLE, FL 32202

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	named entity submits this statement for the tions of registered agent.	purpose of changing its registered offi	ce or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a	
SIGNATURE.	Signature, typed or printed name of registored agent and title	DOTE D			DATE ,	
	Signature, typed or printed name of registored agent and title	i rappicable. (NOTE: Hegistered Agent	SIGNATURE	e required when reinstating)	DATE .	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice	
10.	OFFICERS AND DIRE	CTORS			I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARLSON, MICHAEL 12840 MANDARIN RD JACKSONVILLE, FL 32223			000000947351 06/02/08-80010-022 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·				

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 directly 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 changed, or on an attachment with an address; with all other like empowered.