

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90008 023 ***163.75

DOCUMENT # P05000001611 1. Entity Name BALBOA MARINE SUPPLY, INC.					
Principal Place of Business PO BOX 350442 FT LAUDERDALE, FL 33335			Mailing Address PO BOX 350442 FT LAUDERDALE, FL 33335		
2. Principal Place of Business P.O BOX 350442		3. Mailing Address P.O BOX 350442			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort LAUDERDALE		City & State Fort LAUDERDALE		4. FEI Number 11-3738703	
Zip FL		Country 33335 U.S		Zip FL	
Country 33335 U.S		Country 33335		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES, KAIRA 8834 SOUTH ISLE DR TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006, Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HUGHES, KAIRA STREET ADDRESS 8834 SOUTH ISLE CIRCLE CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			2/14/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR</small>			<small>Date</small>		
			754-423-4632		
			<small>Daytime Phone #</small>		