2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P05000040595** 06-28-2006 90001 006 ***150.00 1. Entity Name FLORIDA INBOARDS INC. Principal Place of Business Mailing Address 1121 B HIGHWAY 390 PO BOX 16547 PANAMA CITY, FL 32405 PANAMA CITY, FL 32406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06222006 Chg-P CR2E034 (11/05) City & State 4. FEI Number City & State Applied For 1247099 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (same) SEAL, JODY H Street Address (P.O. Box Number is Not Acceptable) 3032 PHILADELPHIA WOODS ORLANDO, FL FL, 3-2834 City Panama 2ip Code 405 City 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. 6-24-06 H. Scal SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE new address: SEAL, JODY H NAME NAME 1121-B Highway 390 STREET ADDRESS 13032 PHILADELPHIA WOODS STREET ADDRESS city, FL 32405 CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP Panama TITLE new address: ☐ Delete TITLE SEAL, MICHELE E NAME Highway 390 1121-B STREET ADDRESS 13032 PHILADELPHIA WOODS STREET ADDRESS 3240S CITY-ST_ZIP ORLANDO, FL 32824 CITY-ST-7IP city. Panama ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-ZIP TITLE ☐ Delete TETLE Сhange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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. Jody H. Scal SIGNATURE:

FILED

Jun 28, 2006 8:00 am

6-24-06