

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000065061

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** MID FLORIDA BOAT CENTER INC.

**Current Principal Place of Business:**

16215 STATE ROAD 50  
SUITE 204  
CLERMONT, FL 34711

**New Principal Place of Business:**

16215 STATE ROAD 50  
SUITE 307  
CLERMONT, FL 34711

**Current Mailing Address:**

540 MAR NAN MAR PLACE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 20-2870020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASMA, WILLIAM  
884 SOUTH DILLARD ST  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BODIFORD, BRYON R  
Address: 540 MAR NAN MAR PLACE  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: BODIFORD, HALLIE J  
Address: 540 MAR NAN MAR PLACE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HALLIE JANE BODIFORD

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05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date