

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90194 012 \*\*\*150.00

**DOCUMENT # P06000032307**

1. Entity Name  
**SHIP MATES BOAT DETAILING AND CLEANING, INC.**



Principal Place of Business  
**48 EDEN DRIVE  
FRUITLAND PARK, FL 34731**

Mailing Address  
**48 EDEN DRIVE  
FRUITLAND PARK, FL 34731**

40069513



2. Principal Place of Business - No P.O. Box #  
**2232 Oleada Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**2232 Oleada Court**  
Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State  
**Englewood, FL**  
Zip  
**34224**

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**Englewood, FL**  
Zip  
**34224**

4. FEI Number  
**20-4694823**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OAKS, DAVID K ESQ.  
DAVID K OAKS, P.A.  
407 EAST MARION AVENUE, SUITE 101  
PUNTA GORDA, FL 33950**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOURBON, SONYA 4930 SWORD ROAD VIRGINIA BEACH, VA 23455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPERLING, LEONARD 4936 SWORD ROAD VIRGINIA BEACH, VA 23455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATSON-SPERLING, CINDY 4936 SWORD ROAD VIRGINIA BEACH, VA 23455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOURBON, RUSS 4930 SWORD ROAD VIRGINIA BEACH, VA 23455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bourbon, Sonya 2232 Oleada Ct. Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bourbon, Russell 2232 Oleada Ct. Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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:** Sonya Bourbon Sonya Bourbon 4/17/07 941-698-9788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #