

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109107

Entity Name: BLUEWATER CUSTOM BOAT REPAIR "INC"

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

8360 PHILATELIC DR  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

8360 PHILATELIC DR  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 33-1039389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOHN, KAREN J  
4168 ORCHID DR  
SPRING HILL, FL 34606 US

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

BOHN, KAREN J  
444 EDGEHILL AVE  
SPRING HILL, FL 34606 US

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: KAREN J. BOHN

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOHN, TIMOTHY L  
Address: 8360 PHILATELIC DR  
City-St-Zip: SPRING HILL, FL 34606

Title: VP ( ) Delete  
Name: BOHN, TIMOTHY L  
Address: 8360 PHILATELIC DR  
City-St-Zip: SPRING HILL, FL 34606

Title: TRES ( ) Delete  
Name: BOHN, TIMOTHY L  
Address: 8360 PHILATELIC DR  
City-St-Zip: SPRING HILL, FL 34606

Title: SEC ( ) Delete  
Name: BOHN, TIMOTHY L  
Address: 8360 PHILATELIC DR  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY L. BOHN

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date