## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 08:00 AN Secretary of State

1. Entity Nam	IVIENT # PUOUUU 14 154 BOATS, INC.	0			••			•
Principal Place of Business Mailing Address 4630 KENNY CT 4630 KENNY CT LAND 0 LAKES, FL 34639 US LAND 0 LAKES, FL 34639					1 <b>100</b> 1/1007 11			INI
DO NOT WRITE IN THIS SPA					02252008	No Chg-P	CR2E034	
	The state of the s		ē.	,	20-585			Not Applicable
6. Name and Address of Current Registered Agent INHOFER, AARON 4630 KENNY CT LAND O LAKES, FL 34639					1	NOT W	31 . P .	
	e named entity submits this statement for the plions of registered agent.		3 .			th, in the State of F		illiar with, and accept
	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signature	required	when reinstating)	•	' DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing .	<b>\$5.</b> Add	00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS			; * .		1 , 1	2 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST INHOFER, AARON 4630 KENNY CT LAND O LAKES, FL 34639				la,	0000 05/28/0	00941484 3=80109=	013, 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INHOFER, AARON 4630 KENNY CT LAND O LAKES, FL 34639							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,			DO	NOT W	/RITE	
TITLE						THIS SI	2.50	

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL OF THE STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/08 813-478-812