

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034564

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** BOAT TRANSPORT OF SW FLORIDA, INC.

**Current Principal Place of Business:**

115 SE 21ST LANE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 SE 21ST LANE  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number:** 26-4699557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRANSKY, CRAIG  
115 SE 21ST LANE  
CAPE CORAL, FL 33990 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: DPT  
Name: RIGOLOSI, BARBARA  
Address: 115 SE 21ST LANE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: DVPS  
Name: STRANSKY, CRAIG  
Address: 115 SE 21ST LANE  
City-St-Zip: CAPE CORAL, FL 33990 US

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: CRAIG STRANSKY

DVPS

01/11/2011

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

\_\_\_\_\_  
Date