

**FOR-PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **PD9000068461**

1. Entity Name

**My Boat Detailer Inc**



**FILED**

**11 JUN -2 PM 3:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

**1004 Pine Drive #204**

3. Mailing Address

**1004 Pine Drive**

Suite, Apt. #, etc.

**#204**

Suite, Apt. #, etc.

**#204**

City & State

**Pompano Beach**

City & State

**Pompano Beach**

Zip

**33060**

Country

**US**

Zip

**33060**

Country

**US**

4. EEL Number

**27-0791032**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

CR2E034B (1/11)

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Raymond Bohrer**

Street Address (P.O. Box Number is Not Acceptable)

**1004 Pine Drive #204**

City

**Pompano Beach**

FL

Zip Code

**33060**

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]*

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

(NOTE: Registered Agent signature required when re-instating)

**5202011**

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

**\$5.00** May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

**Myboatdetailer@gmail.com**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Mrs Raymond Bohrer  
1004 Pine Drive #204  
Pompano Beach FL 33060**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**000207294220  
05/06/11--01007--006 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

*[Signature]*

**Raymond Bohrer**

**5202011**

**954663694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/2/11