

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P11543

1. Entity Name
PLEASURECRAFT MARINE ENGINE CO.



Principal Place of Business

HIGHWAY 76 EAST
P.O. BOX 369
LITTLE MOUNTAIN, SC 29075

Mailing Address

HIGHWAY 76 EAST
P.O. BOX 369
LITTLE MOUNTAIN, SC 29075

DO NOT WRITE IN THIS SPACE

FILED
Mar 19, 2008 08:00 AM
Secretary of State



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
31-0859379

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAYTON, ROY
740 INDUSTRY ROAD
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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	C FLETCHER, PAUL RD. #2, BOX 439 CHAPIN, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THURMAN, JOHN RD. #2, BOX 373 CHAPIN, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLETCHER, RUBLE RD. #2, BOX 439 CHAPIN, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000863175
04/03/08-80081-008 150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #