2005 FOR PROFIT CORPORATION

Feb 11, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P93000032807 JEFF'S OUTBOARD SERVICE, INC. Principal Place of Business Mailing Address 3326-7 LAKESHORE BLVD 3326-7 LAKESHORE BLVD JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3185479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUTEN, JEFF DO NOT WRITE 3326-7 LAKESHORE BLVD JACKSONVILLE, FL 32210 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TOTLE NAME LUTEN, JEFF STREET ADDRESS 3326-7 LAKESHORE BLVD CITY-ST-ZP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE MAME STREET ADDRESS CITY-SI-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

AME OF SIGNING OFFICER OR DIRECTOR

FILED