2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086309

Name:

Address:

City-St-Zip:

HRIVNAK, KAREN E

6115 ADAMS ST.

GIBSONTON, FL

Entity Name: ANDY'S FIBERGLASS BOAT REPAIR INC.

FILED Apr 29, 2004 Secretary of State

Littly Nai	HE. ANDISTI	BERGEAGG BOAT REFAIR, III	VC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. 41 SOUTH DN, FL 33534				
Current Mailing Address:			New Mailing Address:		
	. 41 SOUTH DN, FL 33534				
FEI Number:	59-3215671	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GIBSONTO The above	. 41ST SOUTH DN, FL 33534 named entity su e of Florida.	US bmits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D HRIVNAK, ANDRE 6115 ADAMS ST GIBSONTON, FL	elete EW J	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () C MESSER, TERES 342 HUMBERT S PALM BAY, FL 3	ΓNE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST ()D	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN E. HRIVNAK ST 04/29/2004