

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90131 021 \*\*\*150.00

**DOCUMENT # P94000041311**

1. Entity Name

QUAY ASSISI BOAT CORPORATION



Principal Place of Business

4 OCEANS WEST BLVD.  
APT. 802C  
DAYTONA BEACH FL 32118

Mailing Address

4 OCEANS WEST BLVD.  
APT. 802C  
DAYTONA BEACH FL 32118

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

*P.O. Box 98*

City & State

City & State

*Astoria, FL*

Zip

Country

Zip

Country

*32102*

*USA*

4. FEI Number

59-3244261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TERBORG, EARNESTINE  
4 OCEANS WEST BLVD.  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **TERBORG, EARNESTINE**  
STREET ADDRESS **4 OCEANS WEST BLVD. 802C**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **VP** ☐ Delete  
NAME **TEAL, VICKI**  
STREET ADDRESS **131 N CHERRY ST**  
CITY-ST-ZIP **STARKE FL 32091**

TITLE **ST** ☐ Delete  
NAME **PATRICK, LESLIE K**  
STREET ADDRESS **4 OCEANS WEST BLVD.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Ernestine Terborg - Ernestine Terborg Pres.* **3-14-03** **386-341-9875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #