

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90021 002 \*\*\*150.00

**40045799**



<b>DOCUMENT # P95000013645</b> 1. Entity Name <b>JOHNNIE BROWN BOAT COMPANY</b>					
Principal Place of Business <b>19988 SCRIMSHAW WAY</b> <b>TEQUESTA, FL 33469 US</b>			Mailing Address <b>P.O. BOX 3129</b> <b>TEQUESTA, FL 33469 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0574467</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KANUTH, ROBERT C JR</b> <b>19988 SCRIMSHAW WAY</b> <b>TEQUESTA, FL 33469</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD		TITLE	PD	
NAME	KANUTH, ROBERT C JR		NAME	KANUTH, ROBERT C JR	
STREET ADDRESS	19988 SCRIMSHAW WAY		STREET ADDRESS	19988 SCRIMSHAW WAY	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	T		TITLE	ST	
NAME	STAHL, ELIZABETH		NAME	STAHL, ELIZABETH	
STREET ADDRESS	19988 SCRIMSHAW WAY		STREET ADDRESS	19988 SCRIMSHAW WAY	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Elizabeth Stahl</i> <b>Treas. (Elizabeth Stahl)</b> <b>3/6/06</b> <b>561 341-0863</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					