

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000048816

1. Entity Name
BOAT DEALERS' ALLIANCE, INC.



Principal Place of Business
**21 EAST MAIN STREET
MYSTIC, CT 06355**

Mailing Address
**21 EAST MAIN STREET
MYSTIC, CT 06355**



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1822266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND
FORT LAUDERDALE, FL 33324**

**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, 2004 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	EXO OLSON, BRIAN 21 EAST MAIN STREET MYSTIC, CT 06355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUCY, ROBERT SPRING POINT MARINE SOUTH PORTLAND, ME 04116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSO, SR, LARRY 357 MYSTIC AVE MEDFORD, MA 02155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DILL, PHIL JR. 1520 NORTH STEMMONS LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEBERT, MIKE 1140 I-H 10 NORTH BEAUMONT, TX 77702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPE, KEN 1725 WEST HWY 50 O FALLON, IL 62269

000000013011
01/26/04-80036-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04 860-536-6388

Date

Daytime Phone #