2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 07, 2008 08:00 All Secretary of State DOCUMENT # P95000085266 1. Entity Name E & D BOATWORKS III, INC. Principal Place of Business Mailing Address 3004 SW 2ND AVE 3004 SW 2ND AVE FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Surte, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2531396 Not Applicable Zιρ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOOKS, RANDY Street Address (P.O. Box Number is Not Acceptable) 3004 SW 2ND AVE FORT LAUDERDALE FL 33315 City 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 colligations of registered agent. SIGNATURE _ Sign flore, tuped or printed same of rop stried agent and the fills at capit (NOTE: Registired Agont a ginature required when reinstating DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **DPST** Darete TITLE ☐ Change Attdition U000000885314 NAME HOOKS, RANDY NAME 04/18/08-80009-001 150.00 STREET ADDRESS 3004 SW 2ND AVE STREET ADDRESS CHY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-ZIP TITLE De'ete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY - ST- 7IP TITLE Derete TITLE ☐ Change ☐ Addition MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE De ete HILL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-SI-ZIP TITLE Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Dereie TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby 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 the 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 embowered to execute this report is 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 or powered. SIGNATURE: