


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90208 041 ***150.00

DOCUMENT # P96000009774 1. Entity Name FLORIDA AIRBOAT PROPPELLERS, INC.	
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Principal Place of Business 404 BURNS LANE WINTER HAVEN, FL 33884	Mailing Address 404 BURNS LANE WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0642740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WAGMAN, BILLY L 536 ADAMS BARN ROAD AUBURNDALE, FL 33821

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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGMAN, TIMOTHY A 2 PINE FOREST DR 5 Pine Forest Lane HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGMAN, BILLY L 536 ADAMS BARN RD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGMAN, LOUISE L 536 ADAMS BARN RD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGMAN, ROBERTA N 3 PINE FOREST DR 5 Pine Forest Lane HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(j), 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: Billy L Wagman 4-19-04 863-324-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #