

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016063

Entity Name: QUALITY BOAT LIFTS, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

17030 ALICO CENTER ROAD
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

17030 ALICO CENTER RD
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0651107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARY, MARY BETH M ESQ.
5801 PELICAN BAY BLVD
STE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SARGENT, CHARLES L
Address: 17030 ALICO CENTER RD
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: SARGENT, NANCY L
Address: 17030 ALICO CENTER RD
City-St-Zip: FT MYERS, FL 33912

Title: VMGR () Delete
Name: MINCK, GREGORY A
Address: 17030 ALICO CENTER ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: AS () Delete
Name: CLARY, MARY BETH M
Address: 5801 PELICAN BAY BLVD. - SUITE 300
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON ABEND, CONTROLLER

CONT

01/28/2005

Electronic Signature of Signing Officer or Director

Date