


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000016063	
1. Entity Name QUALITY BOAT LIFTS, INC.	

Principal Place of Business 17030 ALICO CENTER ROAD FT. MYERS, FL 33912 US	Mailing Address 17030 ALICO CENTER RD FT. MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0651107	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

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

**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, 2006 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	PTD SARGENT, CHARLES L 17030 ALICO CENTER RD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SARGENT, NANCY L 17030 ALICO CENTER RD FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VMGR MINCK, GREGORY A 17030 ALICO CENTER ROAD FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CLARY, MARY BETH M 5801 PELICAN BAY BLVD. - SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000547673
05/12/06-80033-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY A. MINCK

4/25/06 (239) 432-9110

Date

Daytime Phone #