2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM Secretary of State DOCUMENT # P96000030313 1. Entity Name VENTURE BOAT SALES, INC. Principal Place of Business Mailing Address 1070 CORAL WAY 1070 CORAL WAY RIVIERA BEACH FL 33404 US RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 65-0748463 Not Applicat Zip Country 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 PIERCE, CLIFFORD Y Street Address (P.O. Box Number is Not Acceptable) 1440 JOHN F. KENNEDY CAUSEWAY, #301 NORTH BAY VILLAGE FL 33141 City Zip Code 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May [After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTOR'S 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tate TITLE ☐ Delete ☐ Change U00000415308 02/11/06-80073-023 150.00 NAME DUDAN, RONALD NAME STREET ADDRESS 1070 CORAL WAY STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP Delete TITLE ☐ Change □ Addr NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 702 CITY-ST-ZIP THE ☐ Delete TITLE Change Add." NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Ark… NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE □ A: ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Detete TITLE Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 12. I hereby 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 true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

Konaldc. Dudah

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