# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 8:00 am**
**Secretary of State**
05-02-2005 90409 046 ***150.00

14013955

DOCUMENT # P96000057662

1. Entity Name
BOAT WORKS OF NORTHWEST FLORIDA, INC.

Principal Place of Business
310 WEST BEACH DRIVE
PANAMA CITY, FL 32401

Mailing Address
310 WEST BEACH DRIVE
PANAMA CITY, FL 32401

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1514 EAST 11th STREET
PANAMA CITY, FL
32401 U.S.

3. Mailing Address
1514 EAST 11TH STREET
PANAMA CITY, FL
32401 US

4. FEI Number
59-3390446

Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUS', JAMES M
310 WEST BEACH DRIVE
PANAMA CITY, FL 32401

CHANGE OF ADDRESS

7. Name and Address of New Registered Agent

Name: BUS JAMES M
Street Address (P.O. Box Number is Not Acceptable): 1514 EAST 11TH STREET
City: PANAMA CITY, FL Zip Code: 32401

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 my position as registered agent.

SIGNATURE: James M Bus 4/27/05
(Signature of the registered agent and date required.)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | D | ☐ Delete | ☐ Change ☐ Addition |
| NAME | BUS', JAMES M | | |
| STREET ADDRESS | 422 LINDA AVENUE | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | |
| TITLE | D | ☑ Delete | ☐ Change ☐ Addition |
| NAME | ANDERSON, FRANKLIN L | | |
| STREET ADDRESS | 109 MARLIN CIRCLE | | |
| CITY-ST-ZIP | PANAMA CITY, FL 32411 | | |
| TITLE | | ☐ Delete | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | ☐ Change ☐ Addition |
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| TITLE | | ☐ Delete | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: James M Bus Pres. 4/27/05 850-785-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number