## **2008 FOR PROFIT CORPORATION**

1. 4

## Apr 16, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P97000071016 DEFIANT POWERBOATS, INC. Principal Place of Business Mailing Address 500 E. KENNEDY BLVD., STE.200 500 E. KENNEDY BLVD., STE.200 TAMPA, FL 33602 TAMPA, FL 33602 No Cha-P CR2E034 (11/05) 04092008 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number <u>59-3478446</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PORTER, R. GALE JR. DO NOT WRITE 500 E. KENNEDY BLVD., STE.200 TAMPA, FL 33602 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) U00000899292 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/28/08-80033-011 150.00 10, OFFICERS AND DIRECTORS TITLE NAME PORTER, R. GALE JR. 500 E. KENNEDY BLVD., STE.200 STREET ADDRESS CITY - ST - ZIP TAMPA, FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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**FILED**