

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000020721**

1. Entity Name  
ALPHA Z MOTORBOATS LIMITED, INC.



Principal Place of Business  
6582 PALMER PARK CIRCLE  
SARASOTA, FL 34238

Mailing Address  
PO BOX 758  
OSPREY, FL 34229



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0825852

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GANS, RICHARD R  
1515 RINGLING BOULEVARD  
10TH FLOOR  
SARASOTA, FL 34236

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

000000721655  
05/01/07-80154-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JONES, JEFFREY F  
STREET ADDRESS 6582 PALMER PARK CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2007  
Date

941 922-9786  
Daytime Phone #