

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000033851

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** BOCA BOATS, INC.

**Current Principal Place of Business:**

5800 GASPARILLA RD.  
UNIT B-3  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

**Current Mailing Address:**

5 LEEWARD DRIVE  
CAPE HAZE, FL 33946

**New Mailing Address:**

**FEI Number:** 65-0828201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLCOTT, CRAIG B  
5 LEEWARD DRIVE  
CAPE HAZE, FL 33946 US

**Name and Address of New Registered Agent:**

WOLCOTT, KATHLEEN  
5 LEEWARD DRIVE  
CAPE HAZE, FL 33946 US

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.

SIGNATURE: KATHLEEN WOLCOTT

03/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOLCOTT, KATHLEEN  
Address: 5 LEEWARD DRIVE  
City-St-Zip: CAPE HAZE, FL 33946

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN WOLCOTT

PD

03/11/2012

Electronic Signature of Signing Officer or Director

Date