

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000039260

Entity Name
SOUTHEAST ATLANTIC BOATLIFTS, INC.



Principal Place of Business
404 N.E. 38TH ST
OAKLAND PARK, FL 33334

Mailing Address
404 N.E. 38TH ST
OAKLAND PARK, FL 33334



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0831714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, TROY J
404 N.E. 38TH ST
OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000398147
01/30/06-80082-024 150.00

OFFICERS AND DIRECTORS

NAME	P
NAME	WILSON, TROY J
STREET ADDRESS	4610 N.W. 77TH TERR
CITY-ST-ZIP	LAUDERHILL, FL 33351
NAME	VST
NAME	WILSON, LORI A
STREET ADDRESS	4610 N.W. 77TH TERR
CITY-ST-ZIP	LAUDERHILL, FL 33351
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-18-06