2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90291 040 ***163.75

DOCUMENT # P98000072004

1. Entity Name
THE BOAT LIFT COMPANY

Principal Place of Business	Mailing Address
3102 SE JAY ST, STE 9 STUART FL 34997	3102 SE JAY ST, STE 9 STUART FL 34997

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
6526 South Kanner Hwy		6526 South Kanner Hwy	
Suite, Apt. #, etc.: # 300		Suite, Apt. #, etc.: # 300	
City & State: Stuart, FL		City & State: Stuart, FL	
Zip: 34997	Country: USA	Zip: 34997	Country: USA

4. FEI Number 65-0865065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR.
401 E. OSCEOLA ST.,STE.102
STUART FL 34994

7. Name and Address of New Registered Agent

Name: Craig A Wood
Street Address (P.O. Box Number is Not Acceptable): 10275 SW Greenridge Ln
City: Palm City **FL** Zip Code: 34990

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] President 3/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, CRAIG 10275 S.W. GREENRIDGE LANE PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Craig A Wood 3/17/06 772-283-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #