

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 022 ***158.75

DOCUMENT # P99000006771

1. Entity Name
BOATING EXPOSITIONS, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 24360
TAMPA, FL 33623
P.O. Box 834
BRADENTON, FL 34206**

**P.O. BOX 24360
TAMPA, FL 33623
P.O. Box 834
BRADENTON, FL 34206**



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3564905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, JAMES J
~~XXXXXXXXXXXXXXXXXXXX~~ **630A PINELLAS BAYWAY SO,**
~~XXXXXXXXXXXX~~ **TAMPA, FL 33602**
~~XXXXXXXXXXXX~~ **#3202**
TIERRA VERDE, FL 33715

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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 **DALE S ROBBINS, Sr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/05/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBBINS, DALE S
STREET ADDRESS	6403 27TH AVE W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	STD
NAME	MURPHY, JAMES J
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 630A PINELLAS BAYWAY SO,
CITY-ST-ZIP	XXXXXXXXXXXX TAMPA, FL 33602 #3202, TIERRA VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment.

SIGNATURE: **DALE S ROBBINS, Sr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/05
Date

Daytime Phone #