

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000033869

1. Entity Name
ALL AMERICAN COVERED BOAT STORAGE, INC.



FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90123 038 ***150.00

Principal Place of Business
10450 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

Mailing Address

10450 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

2. Principal Place of Business

3. Mailing Address

P. O. Box 563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLACIDA, FL.

Zip

Zip

33946

Country

U.S.A.

01122006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0866280

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOSSEY, RICHARD JR
10450 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

7. Name and Address of New Registered Agent

Name RICHARD BOSSEY, JR.
Street Address (P.O. Box Number is Not Acceptable)
13213 GASPARILLA RD. #403

City Placida FL Zip Code 33946

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

Richard Bossey

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

(NOTE: Registered Agent signature required when reinstating)

1/17/06

DATE

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

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	PTD BOSSEY, RICHARD L JR PO BOX 563 PLACIDA, FL 33946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BOSSEY, PATRICIA PO BOX 563 PLACIDA, FL 33946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia Bossey Vice President* 1/17/06 286-7495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #