2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P99000071366

1. Entity Name

MCMANUS JET	BOATS, INC.					
Principal Place of Busi	ness	Mailing Address				
15821 CHIEF COUP FORT MYERS FL 33		15821 CHIEF COURT FORT MYERS FL 33912	İ			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED Apr 30, 2004 8:00 am Secretary of State

MCMANUS JETBOATS, INC.							04-30-2004 90401 029 ****150.00			
Principal Place of Business		Mailing Address	Mailing Address							
15821 CHIEF COURT FORT MYERS FL 33912		15821 CHIEF COURT FORT MYERS FL 33912								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)					
City & State		City & State		4. FEI	65-1087566	<u> </u>	oplied For			
Zip		Country	Zip	Cour	ntry	5. Ce	rtificate of Status Desired	\$8.75 Ad	ditional	
	6. Name	and Address of Curren	t Registered Agent			7. Na	me and Address of New Register	ed Agent		
					Name					
THURMAN, KELLI 15821 CHIEF COURT FORT MYERS FL 33912			St		(P.O. Box	Number is Not Acceptable)				
					City			Zip Cod	le	
	e named entity		or the purpose of changing its	register	ed office or regist	ered agen	t, or both, in the State of Florida. I	am familiar with	and accept	
SIGNATURE	J	ū						•	l	
Oldivitoric	Signature, typed	or printed name of registered agen	t and title if applicable. (NOT	E: Registere	ed Agent signature requir	ed when reins	tating) DA	TE		
Afte	r May 1, 200	FEE IS \$150.00 4 Fee will be \$550.00 Florida Department o					Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	Complete Com	OFFICERS AND	(数字:5000000000000000000000000000000000000	11.		ADDI	TIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE	PST		☐ Delete	TITU				Change	☐ Addition	
NAME	MCMANUS	, MARK		NAM	IE .					
STREET ADDRESS	DORESS 15821 CHIEF CT			STRI	EET ADDRESS					
CITY-ST-ZIP	FORT MYE	RS FL 33907		CITY	'-ST-ZIP					
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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 any address, with all other like empowered.

SIGNATURE: XXXX GINATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelli Thurman, Vice President4/28/04 239-454-1114