

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/

FILED
Feb 05, 2007 8:00 am
Secretary of State

01-11-2007 90053 049 ***150.00

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1. Entity Name
ALIBI YACHTS OF FLORIDA, INC.



Principal Place of Business
**1004 GUAVA ISLE
FORT LAUDERDALE, FL 33315**

Mailing Address
**1004 GUAVA ISLE
FORT LAUDERDALE, FL 33315**

66000773



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1002871

Applied For
Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORRELL, THOMAS H
1004 GUAVA ISLE
FORT LAUDERDALE, FL 33315**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

04 Jan 07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EIDE, ROGER D
1004 GUAVA ISLE
FORT LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CORRELL, TOM
1004 GUAVA ISLE
FORT LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
EIDE, VICKI S
1004 GUAVA ISLE
FORT LAUDERDALE, FL 33315**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas H. Correll, Vice Pres.