

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90035 028 \*\*\*150.00

**DOCUMENT # P06000128654**

1. Entity Name  
**TOP SHELF YACHT RESTORATION, INC.**



Principal Place of Business  
**1601 S.W. 11TH STREET  
APT. #3  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**1601 S.W. 11TH STREET  
APT. #3  
FORT LAUDERDALE, FL 33312**

40010701



2. Principal Place of Business - No P.O. Box #  
**806 S.W. 25TH ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**806 S.W. 25TH ST.**  
Suite, Apt. #, etc.

01212008 Chg-P CR2E034 (12/06)

City & State  
**FT. LAUD FLA.**  
Zip  
**33315** Country  
**U.S.**

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4. FEI Number  
**20-5679276** Applied For  
☐ Not Applicable

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

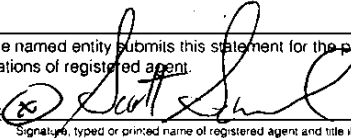
**6. Name and Address of Current Registered Agent**

**SCHOOL, SCOTT  
1601 S.W. 11TH STREET  
APT. #3  
FORT LAUDERDALE, FL 33312**

**7. Name and Address of New Registered Agent**

Name  
**SCHOOL, SCOTT**  
Street Address (P.O. Box Number is Not Acceptable)  
**806 S.W. 25TH ST.**  
City  
**FT. LAUD** **FL** Zip Code  
**33315**

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)

DATE

**1/21/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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** ☐ Delete  
NAME  
**SCHOOL, SCOTT**  
STREET ADDRESS  
**1601 S.W. 11TH STREET, APT. #3**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33312**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**P.D.** ☒ Change ☐ Addition  
NAME  
**SCHOOL, SCOTT**  
STREET ADDRESS  
**806 S.W. 25TH ST.**  
CITY-ST-ZIP  
**FT. LAUD FL 33315**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

**1/21/08**  
Date

Daytime Phone #