

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000011614 1. Entity Name JULINGTON CREEK YACHT SALES, INC.	
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Principal Place of Business 12807 SAN JOSE BLVD. JACKSONVILLE, FL 32223	Mailing Address 12807 SAN JOSE BLVD. JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

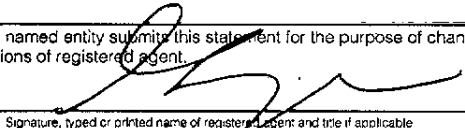
4. FEI Number 59-3230211	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CASSEL, GEORGE J
12807 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

**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  (NOTE: Registered Agent signature required when reinstating) DATE

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

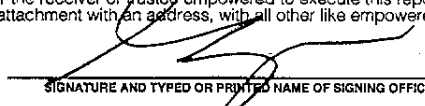
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000240097
02/23/05-80013-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, A Q 12807 SAN JOSE BLVD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSEL, GEORGE 12807 SAN JOSE BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MICHAEL C 12807 SAN JOSE BLVD. JACKSONVILLE, FL 32223
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)(f), 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 Date Daytime Phone #