


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # P94000040114
1. Entity Name
COLUMBO YACHTS, INC.



FILED
2010 JUN 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200182620612
06/25/10--01027--002 **150.00
CR2E0348 (11/08)

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2. Principal Place of Business - No P.O. Box #
6101 NW 10TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
6101 NW 10TH TERRACE
Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. FEI Number
59-3244884

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
WILLIAM O. HOOD

Street Address (P.O. Box Number is Not Acceptable)
501 CORNWALL ROAD

City
SANFORD

State
FL

Zip Code
32773

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	HUTCHINGS, JAMES L.
STREET ADDRESS	6101 NW 10TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	SD
NAME	HUTCHINGS, BARBARA J.
STREET ADDRESS	6101 NW 10TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	V
NAME	HUTCHINGS, RONALD J.
STREET ADDRESS	6101 NW 10TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	V
NAME	HOOD, WILLIAM O.
STREET ADDRESS	501 CORNWALL ROAD
CITY-ST-ZIP	SANFORD FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: William O. Hood 6-21-10 407-330-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #