

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM

Secretary of State

~~27-0002125~~
\$150.00



1st MOORE CR2E034 (10/05)

DOCUMENT # P02000014606

1. Entity Name
NEPTUNUS YACHTS OF SOUTH FLORIDA, INC.



Principal Place of Business
**850 NE THIRD ST SUITE 211
DANIA FL 33004
US**

Mailing Address
**850 NE THIRD ST SUITE 211
DANIA FL 33004
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **27-0002125**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GUY, WILLIAM E JR
GUY & YUDIN LLP
55 EAST OCEAN BLVD
STUART FL 34994**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 constituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	NICHOLS, KENNETH R PRESIDE			NAME			
STREET ADDRESS	4125 HAZELNUT COURT			STREET ADDRESS			
CITY-ST-ZIP	VINELAND ON LOR2C			CITY-ST-ZIP			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	TROPININA, JOULIA B SECRETA			NAME			
STREET ADDRESS	4125 HAZELNUT COURT			STREET ADDRESS			
CITY-ST-ZIP	VINELAND ON LOR2C			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	JERVIS, BRIAN M VICE PR			NAME			
STREET ADDRESS	991 CORKERY RD.			STREET ADDRESS			
CITY-ST-ZIP	CARP ON KGA1L			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KENNETH NICHOLS 3/28/06 954-926-056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR