


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90022 007 ***150.00

DOCUMENT # 194525			
1. Entity Name YACHT HAVEN INC			
Principal Place of Business YACHT HAVEN INC 2425 LAKE DRIVE RIVIERA BEACH FL 33404 US		Mailing Address 506 DATWEA STREET STE B WEST PALM BEACH FL 33401 US	
2. Principal Place of Business		3. Mailing Address <i>Sole Datura Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite B</i>	
City & State		City & State <i>West Palm Beach, FL</i>	
Zip	Country	Zip	Country
		<i>33401</i>	<i>USA</i>
6. Name and Address of Current Registered Agent BRY, M E 2425 LAKE DR. RIVIERA BEACH FL 33404		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, JOYCE	NAME	
STREET ADDRESS	17601 103TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRY, M EDWIN, JR	NAME	
STREET ADDRESS	6 PULLMAN AVE	STREET ADDRESS	
CITY-ST-ZIP	ELBERON NJ	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARPA, JOSEPH	NAME	
STREET ADDRESS	2425 LAKE DR	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL 33404	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGLIOTTI, SHARON BOCK	NAME	
STREET ADDRESS	125 INLET WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGIN, ROBERT T	NAME	<i>STB</i>
STREET ADDRESS	215 5TH STREET STE 302	STREET ADDRESS	<i>Sole Datura Street, Ste. B</i>
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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

1-29-04 *(561) 659-6500*
Date Daytime Phone #