


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 203138 1. Entity Name STAMAS YACHT, INC.	
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Principal Place of Business JOHN P. STAMAS 300 PAMPAS AVE TARPON SPRINGS, FL 34689	Mailing Address JOHN P. STAMAS 300 PAMPAS AVE TARPON SPRINGS, FL 34689
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0817623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STAMAS, JOHN P 300 PAMPAS AVE TARPON SPRINGS, FL 34689	DO NOT WRITE IN THIS SPACE
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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STAMAS, JOHN P 752 CHESAPEAKE DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STAMAS, GEORGE P 979 BAYSHORE DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STAMAS, WILLIAM P 740 CHESAPEAKE DR TARPON SPRINGS, FL 34689
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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02/11/05-80002-018 150.00

**DO NOT WRITE
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

1-7-05 727-937-4118
Date Daytime Phone #