

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 303113**

1. Entity Name  
**SILVER SHORES YACHT BASIN, INC.**



Principal Place of Business  
**18 N.W. THIRD AVENUE  
OCALA, FL 34475 US**

Mailing Address  
**18 N.W. THIRD AVENUE  
OCALA, FL 34475 US**



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1142283**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BULLARD, J. WARREN ESQ.  
18 N.W. THIRD AVENUE  
OCALA, FL 34475**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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	PD BOOTHBY, WILLIAM G 1205 NW 27TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BULLARD, J. WARREN 18 NW THIRD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANDLEY, JOSEPH W 18 NW THIRD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, MICHAEL A 2955 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #