

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 455617

1. Entity Name
SAILING SERVICES, INC.



Principal Place of Business

80 N W 73RD STREET
MIAMI, FL 33150 US

Mailing Address

80 N W 73RD STREET
MIAMI, FL 33150 US



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1594774

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, BROOKS P
80 N W 73RD STREET
MIAMI, FL 33150

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, 2008 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 JONES, BROOKS P 80 N W 73RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SADLER, MARSHA 80 N W 73RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEARNS, JOHN W 80 N W 73RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIR, DAVID 80 NW 73 RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/08-80097-004 150.00

DO NOT WRITE
IN THIS SPACE

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 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 #

FEB 6, 2008 305 758-1074