

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90201 002 ***150.00

DOCUMENT # 498031

1. Entity Name

XYNIDES BOAT YARD, INC.



Principal Place of Business

258 RIBERIA ST.
ST AUGUSTINE, FL 32085

Mailing Address

258 RIBERIA ST.
ST AUGUSTINE, FL 32085

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1661401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

XYNIDES, NICHOLAS H
258 S RIBERIA ST, P.O. BOX 785
ST. AUGUSTINE, FL 32085

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	XYNIDES, NICHOLAS H.
STREET ADDRESS	258 RIBERIA ST.
CITY - ST - ZIP	ST. AUGUSTINE FL.
TITLE	Secretary
NAME	Eleni X. DeMott
STREET ADDRESS	1724 Dartmoor Lane
CITY - ST - ZIP	St. Augustine, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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

4-11-06

Date

(904) 824-3446

Daytime Phone #