

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90091 008 ***150.00

DOCUMENT # F00000002138

1. Entity Name

INNER HARBOR YACHT SALES, INC.



Principal Place of Business

4300
4300 S US HWY 1 STE 203
JUPITER FL 33477-1198

Mailing Address

4300
4300 S US HWY 1 STE 203
JUPITER FL 33477-1198

2. Principal Place of Business

4300 So. U.S. Hwy. 1
Suite, Apt. #, etc.
203

3. Mailing Address

4300 So. U.S. Hwy. 1
Suite, Apt. #, etc.
#203

City & State

Jupiter, FL

City & State

Jupiter, FLA.

Zip

33477-1198

Country

USA

Zip

33477-1198

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

52-1954841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYLAN, LAWRENCE JR
501 SEAFARER CIR
JUPITER FL 33477

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME COUSINS, WILLIAM
STREET ADDRESS 400 KEY HIGHWAY
CITY-ST-ZIP BALTIMORE MD 21230

TITLE DV ☐ Delete
NAME MOYLAN, LAWRENCE JR.
STREET ADDRESS 4300 S US HWY 1 STE 203
CITY-ST-ZIP JUPITER FL 33477-1198

TITLE DST ☐ Delete
NAME MILLER, SUSAN M
STREET ADDRESS 4300 S US HWY 1 STE 203 STE 203
CITY-ST-ZIP JUPITER FL 33477-1198

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

3-17-04

361-625-8700