

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90060 049 \*\*\*150.00

<b>DOCUMENT # F02000000034</b> 1. Entity Name <b>Savage Yachts Corp.</b> Brown Management Inc. dba;Savage Brown Yachts			
Principal Place of Business <del>9546 W. GULF BLVD.</del> <b>TREASURE ISLAND FL 33706</b>		Mailing Address <b>10217 PARADISE BLVD</b> <b>TREASURE ISLAND FL 33706</b>	
2. Principal Place of Business <b>128 107th Ave</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Treasure Island</b>		City & State 	
Zip <b>33706</b>	Country <b>Florida</b>	Zip 	Country 
6. Name and Address of Current Registered Agent  <b>BROWN, KENNETH W</b> <b>9546 W. GULF BLVD.</b> <b>TREASURE ISLAND FL 33706</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 45%; text-align: right;"> <b>Jan 28, 2004</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD BROWN, KENNETH W 10217 PARADISE BLVD TREASURE ISLAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KEVIN J 10217 PARADISE BLVD TREASURE ISLAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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94019102



MOORE CR2E034 (11/03)

4. FEI Number **35-1636653** Applied For  
Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04

(727) 647-8657