

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90015 008 ***150.00

DOCUMENT # F02000003603

1. Entity Name
ALDEN YACHTS CORPORATION



Principal Place of Business Mailing Address
1909 ALDEN LANDING **1909 ALDEN LANDING**
PORTSMOUTH, RI 02871 **PORTSMOUTH, RI 02871**

54032643

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02162004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0490677 Applied For Not Applicable

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

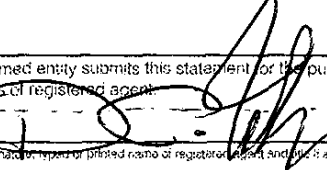
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN G. ALDEN INSURANCE AGENCY
1300 SE 17TH STREET, STE. 220
FT. LAUDERDALE, FL 33316

Name
ATLASS INSURANCE AGENCY
Street Address (P.O. Box Number is Not Acceptable)
1300 SE 17TH STREET
SUITE 220
City
FT. LAUDERDALE FL Zip Code
33316

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  DATE **4/12/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

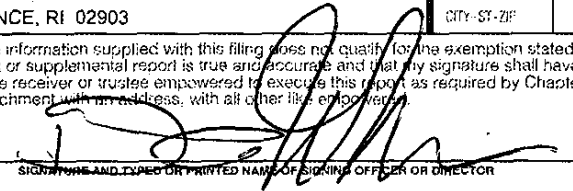
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT MACFARLANE, DAVID A 16 JENNYS LANE BARRINGTON, RI 02806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIERLEIN, RICHARD 4 GOOSENECK COVE NEWPORT, RI 02840	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND, CORNELIUS PO BOX 920 CULEBRA, RI 00775	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, DAYTON 509 MADISON AVE. NEW YORK, NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBIE, TED 62 SHORE DRIVE WARREN, RI 02885	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIGLIACCIO, ROBERT A ESQ 56 EXCHANGÉ TERRACE PROVIDENCE, RI 02903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 507, 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 empowers.

SIGNATURE:  DATE **4/12/04** Daytime Phone #