


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05851 1. Entity Name RAY S. EATON YACHT SERVICES, INC.		
Principal Place of Business 2311 S W 33RD TERRCE FORT LAUDERDALE, FL 33312	Mailing Address 2311 S W 33RD TERRCE FORT LAUDERDALE, FL 33312	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'NEILL, EUGENE J 979 BEACHLAND BLVD VERO BEACH FL, FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000415192 02/11/06-80067-025 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT EATON, RAY S 2311 SW 33RD TERR FT LAUDERDALE FL,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV EATON, SHIRLEY P 2311 SW 33RD TERR FT LAUDERDALE FL,	
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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: <u>Shirley P Eaton</u> <u>Shirley P. Eaton Vice President</u> 1/29/06 (954)583876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2044328	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	