2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2004 08:00 AM Secretary of State

ANNUAL REPORT					00.00 / 1 11/1
DOCUMENT # F18 1. Entity Name COYLE YACHT, INC.	3192			Secreta	ry of State
Principal Place of Business 188 N.E. ALICE AVE. JENSEN BEACH, FL 33457 US	Mailing Address 188 N.E. ALICE AVE JENSEN BEACH, FL 34957	US			
	WRITE IN THIS SPA	CE	01292004 4. FEI Numb 59-207	er '6059	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
COYLE, ALFRED J., JR 188 NE ALICE AVENUE JENSEN BEACH, FL 34957		IN T	NOT WR	CE	
the obligations of registered agent Signature Signature, typed or printed name FILE NOW!!! FEE IS	e of registered agent and this if applicable. (NOTE: Registe \$150.00 9. Election Campaign Fine	red Agent eignature required	when reinstelling)	th, in the State of Florida	i. I am familier with, and accept
After May 1, 2004 Fee wi	III be \$550.00 Trust Fund Contribution	s. 🛚 Áddi	ed to Fees		
TITLE DP COYLE, ALFRED J 188 NE ALICE AVE JENSEN BEACH, F	Ĭ			U000000025 02/04/04-800	9889 986-013 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	··- · · · · · · · · · · · · · · · · · ·			NOT WR THIS SPA	

12. I hereby certify that the Information subglied with this filling 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 keport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em an officer or director of the corporation or the receiver or fustee 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: ____

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

EIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0)= 29 = 64

Develope Phone #