2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F86045

1. Entity Name
ATLANTIC YACHT BROKERS, INC.

Principal Place of Business	Mailing Address
% RICHARD ERISMAN 854 S FEDERAL HWY POMPANO BEACH, FL 33062	% RICHARD ERISMAN 854 S FEDERAL HWY POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2267263	Not Applicable

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

6. Name and Address of Current Registered Agent

ERISMAN, RICHARD
854 SOUTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

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

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	ERISMAN, RICHARD	
STREET ADDRESS	801 SE 4TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	D	
NAME	ERISMAN, DEBRA	
STREET ADDRESS	801 SE 4TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____   4/1/04   554 942 5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #