


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90020 033 \*\*\*150.00

<b>DOCUMENT # G78189</b> 1. Entity Name <b>FLORIDA YACHT CHARTERS AND SALES, INC.</b>					
Principal Place of Business <b>1290 5TH STREET MIAMI BCH., FL 33139</b>			Mailing Address <b>1290 5TH STREET MIAMI BCH., FL 33139</b>		
2. Principal Place of Business <b>390 Alton Rd.</b> Suite, Apt. #, etc. <b>Suite 3</b>		3. Mailing Address <b>390 Alton Rd.</b> Suite, Apt. #, etc. <b>Suite 3</b>			
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>		4. FEI Number <b>59-2372118</b>	
Zip <b>33139</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EVERHARD, SUSAN W. 1281 S VENETIAN WAY MIAMI, FL 33139</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTDV EVERHARD, ROBERT 1281 S VENETIAN WAY MIAMI BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, JEANNETTE 1416 MENOMINEE DR. OSHKOSH, WI		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVERHARD, SUSAN W. 1281 S VENETIAN WAY MIAMI BEACH, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <i>Susan W. Everhard</i>			4/12/04 (305) 621-4163		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**54033805**



04012004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

**FL** Zip Code