

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 027 ***158.75

DOCUMENT # H54631

1. Entity Name

EXECUTIVE YACHT BROKERAGE, INC.



Principal Place of Business

400 ALICE AVENUE
STUART FL 34994
US

Mailing Address

400 ALICE AVENUE
STUART FL 34994
US

2. Principal Place of Business

250 SW Monterey Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

Country

34994

U.S.A

4. FEI Number

59-2527476

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

HOLMES, TIMOTHY E.
45 SW PALM COVE DRIVE
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOLMES, TIMOTHY E.
STREET ADDRESS 45 SW PALM COVE DRIVE
CITY-ST-ZIP PALM CITY FL 34990

TITLE S ☐ Delete
NAME HOLMES, DEBRA E.
STREET ADDRESS 45 SW PALM COVE DRIVE
CITY-ST-ZIP PALM CITY FL 34990

TITLE VD ☐ Delete
NAME TERRAGLIO, GREGORY
STREET ADDRESS 1474 SW SEAGULL WAY
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Timothy E. Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 (772) 201-1111