


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90033 021 \*\*\*150.00

44000040

<b>DOCUMENT # H75443</b> 1. Entity Name <b>EUROYACHT IMPORTERS, INC.</b>	
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Principal Place of Business <b>4400 NINE MILE POINT RD FAIRPORT, NY 14450-8792 US</b>	Mailing Address <b>4400 NINE MILE POINT RD FAIRPORT, NY 14450-8792 US</b>
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2. Principal Place of Business <b>290 Linden Oaks</b>	3. Mailing Address <b>290 Linden Oaks</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Rochester, New York</b>	City & State <b>Rochester, New York</b>
Zip <b>14625</b>	Country
Zip <b>14625</b>	Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2580497</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</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
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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

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMINO, FRANK 270 AMBASSADOR DR. ROCHESTER, NY 14610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMINO, FRANK 270 AMBASSADOR DR. ROCHESTER, NY 14610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THUMMLER, PETER K. 20 OLD WESTFALL DR. ROCHESTER, NY 14625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIMINO, RONALD 218 BAYCREST DR ROCHESTER, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Peter K. Thummler** **3/9/04** **(585) 381-2030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
# H75443  
44020046

**To receive a form by mail:—**

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

H75443  
EUROYACHT IMPORTERS, INC.  
4400 NINE MILE POINT RD  
FAIRPORT NY 14450-8792

**Change of Address**

290 Linden Oaks  
Rochester, NY 14625

