2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

04-13-2006 90301 010 ***150.00

DOCUMENT # J32193

1. Entity Name

YACHTS ONLY, INC.

Principal Place of Business	Mailing Address
~~900 RIVER REACH DRIVE #101 FORT LAUDERDALE FL 33315~~ US	750 OLDE TOWNE LANE MARIETTA GA 30068 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
750 OLDE TOWNE LN	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARIETTA, GA	City & State
Zip: 30068 Country: USA	Zip / Country

4. FEI Number 59-2726511 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POTTINGER, MARTIE P
~~900 RIVER REACH DRIVE~~ 750 OLDE TOWNE LN.
~~#101~~ MARIETTA, GA
~~FORT LAUDERDALE FL 33315~~ 30068

7. Name and Address of New Registered Agent

Name: JOHN POTTINGER
Street Address (P.O. Box Number is Not Acceptable): 1850 BEAR CREEK COVE
City: LONGWOOD FL Zip Code: 32779

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: Martie Pottinger (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-6-06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	P	☐ Delete
NAME	POTTINGER, MARTIE	
STREET ADDRESS	~~900 RIVER REACH DR., #101~~ 750 OLDE TOWNE LN	
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33335~~ MARIETTA, GA 30068	
TITLE	D	☐ Delete
NAME	JOHN, POTTINGER D	
STREET ADDRESS	1850 BEAR CREEK COVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Martie Pottinger (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4-6-06 Daytime Phone #: 770-509-0848