## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90093 048 \*\*\*150.00 DOCUMENT # K20438 MERRITT YACHT BROKERS, INC. 40000481 Principal Place of Business Mailing Address % RICHARD L. MERRITT % RICHARD L. MERRITT 2890 STATE ROAD 84, SUITE 105 2890 STATE ROAD, SUITE 105 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172008 City & State City & State 4. FEI Number Applied For 65-0040520 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERRITT, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 2890 STATE ROAD, SUITE 105 FORT LAUDERDALE, FL 33312 2890 W. STATE ROAD #84 SUITE # 105 City 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 monetor or maket name of registered agent and title if explicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be • FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delete TITLE ☐ Change Addition TITLE NAME MERRITT, RICHARD L. NAME 2616 NE 22 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33305 CITY ST ZIP ☐ Change ☐ Addition ☐ Delete 1171 £ Totals NAME STREET ADDRESS STREET ADDIRESS CITY ST ZIP CITY ST ZIP ☐ Delete TITLE Addition THE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes if 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 it made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutey, and that my name appears in Block 10 or Block 11 if

OR DIRECTOR

CITY ST ZIP

TITLE

NARAF STREET ADDRESS

☐ Delete

changed or on an attach

TITLE

STREET ADDRESS CHY ST ZIP

☐ Change

Addition