
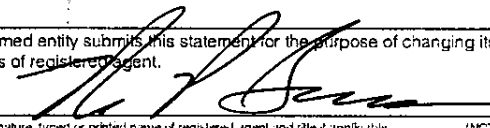
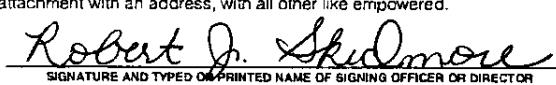


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90400 013 ***150.00

DOCUMENT # M83392 1. Entity Name STUART YACHT CLUB AND MARINA, INC.					
Principal Place of Business 400 N.W. ALICE AVE. STUART, FL 34994			Mailing Address 400 N.W. ALICE AVE. STUART, FL 34994		
2. Principal Place of Business 1535 SE ST. LUCIE BLVD.		3. Mailing Address 1535 SE ST. LUCIE BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 65-0053379	
Zip 34996		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, ROBERT E 333 SEVENTEENTH ST. SUITE 2D VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name ROBERT SUMMERS Street Address (P.O. Box Number is Not Acceptable) 2400 SE FEDERAL HIGHWAY City STUART FL Zip Code 34994		
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:  DATE: 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKIDMORE, ROBERT J 400 NW ALICE AVE STUART, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKIDMORE, PAULETTE 400 NW ALICE AVE STUART, 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			
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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.					
SIGNATURE:  DATE: 4/30/04 (772) 693 4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					