

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

| <b>DOCUMENT # P00000028988</b><br>1. Entity Name<br><b>HENKE RENTAL YACHTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Principal Place of Business<br><b>1318 LAFAYETTE ST<br/>CAPE CORAL, FL 33904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                 | Mailing Address<br><b>1318 LAFAYETTE ST<br/>CAPE CORAL, FL 33904</b>                                               |                                                                                                                                      |                                                                   |                            |  |  |                                                       |  |  |       |                     |                                 |       |              |                                                                   |      |                   |  |      |                    |        |                |                      |  |                |  |  |             |  |  |             |  |  |       |   |                                 |       |  |                                        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| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                          |                                                                                                                                      |                                                                   |                            |  |  |                                                       |  |  |       |                     |                                 |       |              |                                                                   |      |                   |  |      |                    |        |                |                      |  |                |  |  |             |  |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                |  |      |  |  |                |                   |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
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| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Country                         |                                                                                                                    | 01112006    Chg-P    CR2E034 (11/05)                                                                                                 |                                                                   |                            |  |  |                                                       |  |  |       |                     |                                 |       |              |                                                                   |      |                   |  |      |                    |        |                |                      |  |                |  |  |             |  |  |             |  |  |       |   |                                 |       |  |                                        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| 4. FEI Number<br><b>65-1037751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 |                                                                                                                    | Applied For<br><input type="checkbox"/> 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<br><br><b>HILL, THOMAS W<br/>1318 LAFAYETTE ST<br/>CAPE CORAL, FL 33904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                 |                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SIGNATURE _____ (NOTE: Registered Agent signature is required when reappointing)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 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 |                                                                                                                                      |                                                                   |                            |  |  |                                                       |  |  |       |                     |                                 |       |              |                                                                   |      |                   |  |      |                    |        |                |                      |  |                |  |  |             |  |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                |  |      |  |  |                |                   |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">PS<br/>HENKE, WERNER</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">U00000046010</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">1318 LAFAYETTE ST</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">03/07/06-20071-010</td> <td style="padding: 5px;">150.00</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">CAPE CORAL, FL 33904</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">D</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">HILL, THOMAS W</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1318 LAFAYETTE ST</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">CAPE CORAL, FL 33904</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                      |                                 |                                                                                                                    |                                                                                                                                      |                                                                   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PS<br>HENKE, WERNER | <input type="checkbox"/> Delete | TITLE | U00000046010 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 1318 LAFAYETTE ST |  | NAME | 03/07/06-20071-010 | 150.00 | STREET ADDRESS | CAPE CORAL, FL 33904 |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE | D | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | HILL, THOMAS W |  | NAME |  |  | STREET ADDRESS | 1318 LAFAYETTE ST |  | STREET ADDRESS |  |  | CITY-ST-ZIP | CAPE CORAL, FL 33904 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| SIGNATURE: <u>Thomas W. Hill</u> <b>Thomas W. Hill</b> <u>2-21-06</u> <u>239-549-2444</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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