


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000031785		
1. Entity Name MARK ZEIGLER YACHT SALES, INC.		
Principal Place of Business 4585 LAKESIDE DR. JACKSONVILLE, FL 32210	Mailing Address 4585 LAKESIDE DR. JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRAWFORD, JOHN R 1200 RIVERPLACE STE 800 JACKSONVILLE, FL 32207		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEIGLER, MARK 4809 YACHT CLUB RD. JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEIGLER, ELIZABETH L 4809 YACHT CLUB RD. JACKSONVILLE, FL 32210	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Mark C. Zeigler</u> <u>MARK C. Zeigler President</u> <u>904389-0500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3641932

Applied For
Not Applicable

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

U000000244825
02/26/05-80036-013 150.00

**DO NOT WRITE
IN THIS SPACE**