


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90102 033 ***150.00

DOCUMENT # P00000052987		
1. Entity Name SAFE HARBOUR YACHT MANAGEMENT, INC.		

Principal Place of Business P.O. BOX 2228 JUPITER, FL 33468	Mailing Address P.O. BOX 2228 JUPITER, FL 33468
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03082005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1011631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORRIS, MARGIE 16605 115TH AVE N. JUPITER, FL 33478	
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7. Name and Address of New Registered Agent NORRIS, MARGIE Street Address (P.O. Box Number is Not Acceptable) 103 E. Indian Crossing Circle City Jupiter FL Zip Code 33458	
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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 <u>Margie Norris, VP</u> DATE <u>3/5/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when consenting)</small>	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, GEORGE (TAD) 16605 115TH AVE N. JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norris, George (TAD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 E. Indian Crossing Circle JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, MARGIE 16605 115TH AVE N. JUPITER, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norris, Margie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 E. Indian Crossing Circle Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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>George Norris</u> DATE <u>3/5/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	