

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

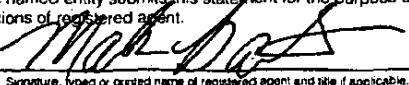
FILED
Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 90708 044 ***100.00
06-09-2004 90004 037 ****50.00

44046459



MOORE CR2E034 (11/03)

DOCUMENT # P01000008311					
1. Entity Name MARK BAILEY'S OCEAN SAILING CLUB INC.					
Principal Place of Business 806 SE 9TH AVENUE DEERFIELD BEACH FL 33441			Mailing Address 806 SE 9TH AVENUE DEERFIELD BEACH FL 33441		
2. Principal Place of Business 200 E 13th Street			3. Mailing Address 806 SE 9 AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Riviera Beach, FL			City & State Deerfield Beach, FL		
Zip 33404			Zip 33441		
Country USA			Country USA		
4. FEI Number 65-1068911			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAILEY, JACQUELYN 806 S E 9TH AVENUE DEERFIELD BEACH FL 33441			7. Name and Address of New Registered Agent Name: Baileu Mark Street Address:		
			FL Zip Code: 33471		
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: 4/29/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D BAILEY, MARK 806 SE 9TH AVENUE DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, JACQUELYN 806 SE 9TH AVENUE DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 			Mark Bailey Director		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/29/04 Phone: 361-512-2161		