


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90385 043 ***150.00

DOCUMENT # P01000013445	
1. Entity Name SAFE HARBOR YACHT SALES OF FLORIDA, INC.	

Principal Place of Business 965 RIVERSIDE DRIVE PALMETTO, FL 34221	Mailing Address 965 RIVERSIDE DRIVE PALMETTO, FL 34221
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44034000

2. Principal Place of Business 406 CHURCH AVENUE	3. Mailing Address 406 CHURCH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



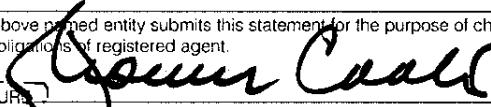
03262004 Chg-P CR2E034 (10/03)

City & State BRADENTON BEACH, FL	City & State BRADENTON BEACH, FL
Zip 34217	Country USA
Zip 34217	Country USA

4. FEI Number 65-1075971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREEN, ANTHONY W 965 RIVERSIDE DRIVE PALMETTO, FL 34221	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 406 CHURCH AVENUE	
City BRADENTON BEACH	FL Zip Code 34217

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 3-31-04

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P GREEN, ANTHONY 42 RAVENS PT. DR. LAKE SAINT LOUIS, MO 63367	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP COOKE, THOMAS 1719 STONE RIDGE TRAIL SAINT LOUIS, MO 63122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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SIGNATURE 	DATE 3-31-04	DAYTIME PHONE # 814-378-7800
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