

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90297 013 ***150.00

DOCUMENT # P01000030241

1. Entity Name
CLEARWATER YACHT SERVICE, INC.



Principal Place of Business Mailing Address
 2357 ST. CHARLES DR. 2357 ST. CHARLES DR.
 CLEARWATER, FL 33764 CLEARWATER, FL 33764

2. Principal Place of Business 3. Mailing Address
11411 HARBOR WAY **11411 HARBOR WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1625 **# 1625**

City & State City & State
LARGO FL **LARGO FL**

Zip Country Zip Country
33774 **USA** **33774** **USA**

03182005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3709579 Not Applicable

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



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BARTH, DAVID A
 2357 ST. CHARLES DR.
 CLEARWATER, FL 33764

Name
 Street Address (P.O. Box Number is Not Acceptable)
11411 HARBOR WAY # 1625
 City State Zip Code
LARGO FL 33774

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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	PTSD BARTH, DAVID A 2357 ST. CHARLES DR. CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11411 HARBOR WAY #1625 LARGO FL 33774
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: David A. Barth Date: 4/15/05 Daytime Phone #: 727-455-1810