


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90037 017 ***150.00

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|---|--|--|--|--|--|
| DOCUMENT # P01000073856 1. Entity Name GREGORY'S YACHT SALES & MANAGEMENT, INC. | | | |  | |
| Principal Place of Business 1820 S.W. 23RD TERRACE FORT LAUDERDALE, FL 33312 | | | Mailing Address 1820 S.W. 23RD TERRACE FORT LAUDERDALE, FL 33312 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 6. Name and Address of Current Registered Agent GREGORY, RUPERT 1820 S.W. 23RD TERRACE FORT LAUDERDALE, FL 33312 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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> | | | | | |
| 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 | | DATE _____ | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREGORY, RUPERT 1820 S.W. 23RD TERRACE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 1/30/05 Daytime Phone # _____ | | |

40010628



01242005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1128115 ☐ Not Applicable

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