

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-16-2005 90046 041 ***150.00

DOCUMENT # P01000077264 1. Entity Name CASTAWAY YACHT SALES, INC.	
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Principal Place of Business 4520 LAND O' LAKES BLVD LAND O' LAKES, FL 34639	Mailing Address P.O. BOX 955 LAND O' LAKES, FL 34639
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66004818



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3736578	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CASTRO, LAWRENCE R 14704 LAKE MAGALENE CIRCLE TAMPA, FL 33613
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**DO NOT WRITE
IN THIS SPACE**

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: Lawrence R. Castro Lawrence R. Castro President 2-9-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTRO, LAWRENCE R 14704 LAKE MAGDELENE DR TAMPA, FL 33613
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IN THIS SPACE**

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: Lawrence R. Castro 3-10-05 813-962-6124
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #