2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 19, 2004 8:00 am Secretary of State

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DOCUMENT # P0100084055 1. Entity Name				Secretary of State	
STEVE AND TERRY YACHT SALES, INC.				04-19-2004 90407 047	***150.00
Principal Plac	ce of Business	J Mailing Address 1	× 1/15/13	<i>/</i> //	
32660 US H	/ 1/20	Mailing Address	0 710 00	D	
PALM HARBOR FL 34684					
│				1 1505/806 SE 00/01 1/01/ 80/1/ 00/1/ 00/1/ FESE 191/	
2. Principal Place of Business Amo as Malling Address Jac Nt. Salk			ske, an		
Suite, Apt. #, etc. Transpirately			MOORE CR2E034	4 (11/03)	
City & Stat	le	Clearwater, FL 33767-2330		4 FEI-Number 65-1139848	Applied For
Zip			Country	03-113-848	Not Applicable
2.0	Country	Σ.β	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered	Agent
HASLEY, STEVEN					
Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 9376 Terry Hasley					
V with Jamonia Phinite					
411 Windward 1 33767-2330 City FL Zip Code Clearwater, FL 33767-2330 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					
Signature—typed or printed name of registered about and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE P	teven The ASUFY	Change
NAME STREET ADDRESS.	HASLEY, STEVEN		NAME STREET ADDRESS	All Windword Psg	-
CITY-ST-ZIP	PALM-HARBOR FL 34684		CITY-ST-ZIP	Clearunter, A	<i>33</i> 767
TITLE	SDT	☐ Delete	TITLE COT 7	ERRY HASLEY	Change
NAME CTREET ANDRESS	HASLEY, TERRY		NAME	411 windward	1/59.
CITY-ST-ZIP	PALM HARBOR EL 34684		CITY-ST-ZIP	Clearnotte R	33767
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	*** * · · · · · · · · · · · · · · · · ·		NAME - · ~ STREET ADDRESS	الانتقاف وحمين بحالت بيونية والتوالي	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP		
	Certify that the information supplied with	h this filing does not qualify for t	<u> </u>	Section 119.07(3)(i). Fiorida Statutes, Lituriber of	ertify that the information
Indicated	on this report or supplemental report	is true and accurate and that my	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further co e same legal effect as if made under oath; that I	am an officer or director

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 addargs of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Daytime Phone #