

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90407 047 ***150.00

DOCUMENT # E01000084055					
1. Entity Name STEVE AND TERRY YACHT SALES, INC.					
Principal Place of Business 32660 US HWY 19 N PALM HARBOR FL 34684		Mailing Address <i>New as of 7/15/03</i> 3308 SANDY RIDGE DR CLEARWATER FL 33767			
2. Principal Place of Business <i>same as above</i>		3. Mailing Address <i>Terry Hasley</i> 411 Windward Passage Clearwater, FL 33767-2330			
City & State Clearwater, FL		4. FEI Number 65-1139848			
Zip 34684		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASLEY, STEVEN 3308 SANDY RIDGE DR CLEARWATER FL 33767			7. Name and Address of New Registered Agent Name: Terry Hasley Street Address (P.O. Box Number is Not Acceptable): 411 Windward Passage City: Clearwater, FL 33767-2330		
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 agent and title if applicable.		DATE: APR 12 2004 BY: <i>[Signature]</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HASLEY, STEVEN STREET ADDRESS 32660 US HWY 19 N CITY-ST-ZIP PALM HARBOR FL 34684	<input type="checkbox"/> Delete		TITLE P NAME STEVEN HASLEY STREET ADDRESS 411 Windward Psg. CITY-ST-ZIP Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SDT NAME HASLEY, TERRY STREET ADDRESS 32660 US HWY 19 N CITY-ST-ZIP PALM HARBOR FL 34684	<input type="checkbox"/> Delete		TITLE SDT NAME TERRY HASLEY STREET ADDRESS 411 Windward Psg. CITY-ST-ZIP Clearwater, FL 33767	<input checked="" 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	
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	
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: <i>[Signature]</i>		Date: 4-12-04		Daytime Phone #: 727-449-8544	