


ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 019 ***150.00

DOCUMENT # P02000022452	
1. Entity Name TAMPA BAY YACHT SERVICES, INC.	

Principal Place of Business 308 DICKMAN DRIVE SW RUSKIN, FL 33570	Mailing Address 308 DICKMAN DRIVE SW RUSKIN, FL 33570
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44001774



2. Principal Place of Business 3301 SEAGRAPE DR. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 37 Suite, Apt. #, etc.
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01062004 Chg-P CR2E034 (10/03)

City & State RUSKIN, FL	City & State RUSKIN, FL
Zip 33570	Country USA
Zip 33575	Country USA

4. FEI Number 75-3013520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PYLE, TERRENCE F 707 DEL WEBB BOULEVARD WEST SUN CITY CENTER, FL 33573	
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7. Name and Address of New Registered Agent Name: TIM DOWLING Street Address (P.O. Box Number is Not Acceptable) 3301 SEAGRAPE DRIVE City: RUSKIN FL Zip Code: 33570	
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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 *T. Dowling* TIM DOWLING 1-6-04
Signature, typed or printed name of registered agent 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, TERRENCE F 707 DEL WEBB BLVD. WEST SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D TIM DOWLING 3301 SEAGRAPE DR. RUSKIN, FL 33570 <input type="checkbox"/> Change <input checked="" 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
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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: *T. Dowling* PRESIDENT 1/6/04
SIGNATURE AND TYPED AS SUBMITTED NAME ARE BOTH REQUIRED AS REQUIRED