

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90108 019 \*\*\*150.00

**DOCUMENT # P02000022452**

1. Entity Name  
**TAMPA BAY YACHT SERVICES, INC.**



Principal Place of Business  
**3301 SEAGRAPE DR  
RUSKIN, FL 33570**

Mailing Address  
**P.O. BOX 37  
RUSKIN, FL 33575**

2. Principal Place of Business  
**806 W. SHELL POINT RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006

Chg-P

CR2E034 (11/05)

City & State  
**RUSKIN FL**

City & State

4. FEI Number  
**75-3013520**

Applied For  
Not Applicable

Zip  
**33570**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWLING, TIM  
3301 SEAGRAPE DRIVE  
RUSKIN, FL 33570**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**806 W. SHELL POINT RD.**

City **RUSKIN**

FL

Zip Code **33570**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**PSTD  
DOWLING, TIM  
3301 SEAGRAPE DRIVE  
RUSKIN, FL 33570** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DOWLING, BARBARA  
3301 SEAGRAPE DRIVE  
RUSKIN, FL 33570** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**806 W. SHELL POINT RD.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**806 W. SHELL POINT RD.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Barbara A. Dowling* **BARBARA A. DOWLING**

813-645-8297