


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 26, 2006 8:00 A.M.
Secretary of State

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|--|--|--|--|---|--|
| DOCUMENT # P02000022452 1. Entity Name TAMPA BAY YACHT SERVICES, INC. | | | |  | |
| Principal Place of Business 806 W SHELL PT RD RUSKIN, FL 33570 | | | Mailing Address P.O. BOX 37 RUSKIN, FL 33575 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DOWLING, TIM 806 W SHELL PT RD RUSKIN, FL 33570 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| Amended AR is \$61.25 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD DOWLING, TIM 806 W SHELL PT RD RUSKIN, FL 33570 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BARBARA A. DOWLING 806 W SHELL POINT RD RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DOWLING, BARBARA 806 W SHELL PT RD RUSKIN, FL 33570 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LUND, JOHNDRREW S. 806 W SHELL POINT RD 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 | |
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| 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: <i>Barbara A Dowling</i> BARBARA A. DOWLING <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 08/24/06 813-645-8297 </div> | | | | | |