

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000101906**

1. Entity Name  
FORT WALTON BEACH YACHT SERVICE, INC.



Principal Place of Business  
240 EGLIN PKWY SE  
FT WALTON BEACH, FL 32548

Mailing Address  
240 EGLIN PKWY SE  
FT WALTON BEACH, FL 32548



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0578738

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SAXER, CHRISTOPHER P ESQ  
126 NE EGLIN PKWY  
FT WALTON BEACH, FL 32548

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
D  
SATTERFIELD, RONALD E  
311 TIMBERLAKE COURT  
MARY ESTHER, FL 32569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MOATE, STEPHEN C  
272 TECUMSEH LANE  
MARY ESTHER, FL 32569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CASSEL, GEORGE J  
962 RAVINE RD. S.  
JACKSONVILLE, FL 32259

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000007783  
01/20/04-80038-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Stephen C. Moatz* STEPHEN C. MOATZ

1-14-04 (850) 243-8885

Date

Daytime Phone #