2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 10, 2004 08:00 AM DOCUMENT # P02000116530 . . **Secretary of State** 1. Entity Name R & R YACHT SERVICE, INC. Principal Place of Business Mailing Address 799 BAYVIEW DRIVE NOKOMIS FL 34275 799 BAYVIEW DRIVE NOKOMIS FL 34275 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 81-0577192 Not Applicable Zıp Country Zια Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'CONNORS, REGINA A Street Address (P.O. Box Number is Not Acceptable) 799 BAYVIEW DRIVE NOKOMIS FL 34275 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVTS** Delete THILE Change Addition O'CONNORS, REGINA A MAME NAME 799 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP NOKOMIS FL 34275 CITY -ST-ZIP THILE ☐ Oelete HILL Change Addition NAME NAAR U000000083055 STREET ADDRESS STREET ADDRESS 03/10/04-80024-003 150.00 CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete BUE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-SI-78P TITLE ITILE ☐ Delete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete THILE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 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

Regina A. O'Connors 3/1/04

FILED