

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90122 034 \*\*\*150.00



**DOCUMENT # P02000116530**  
 1. Entity Name  
**R & R YACHT SERVICE, INC.**

Principal Place of Business      Mailing Address  
**799 BAYVIEW DRIVE**      **799 BAYVIEW DRIVE**  
**NOKOMIS FL 34275**      **NOKOMIS FL 34275**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**820 S. Tamiami Trail**      **820 S. Tamiami Trail**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Unit #4**      **Unit #4**

City & State      City & State  
**Osprey, FL**      **Osprey, FL**  
 Zip      Zip      Country      Country  
**34229**      **34229**      **USA**      **USA**

4. FEI Number      Applied For  
**81-0577192**       Not Applicable

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



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**O'CONNORS, REGINA A**  
**799 BAYVIEW DRIVE**  
**NOKOMIS FL 34275**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS O'CONNORS, REGINA A 799 BAYVIEW DRIVE NOKOMIS FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *Regina A. O'Connors*      **Regina A. O'Connors**      **1-27-05**      **941-966-4320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #