

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90003 002 \*\*\*558.75

**DOCUMENT # P03000093252**

1. Entity Name

AMF YACHT MANAGEMENT INC.



Principal Place of Business

6333 NW 120TH DRIVE  
CORAL SPRINGS FL 33076  
US

Mailing Address

6333 NW 120TH DRIVE  
CORAL SPRINGS FL 33076  
US

34068049



MOORE

CR2E034 (4/04)

2. Principal Place of Business

239 KEY PALM ROAD

Suite, Apt. #, etc.

3. Mailing Address

239 KEY PALM ROAD

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

56-2389238

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KURT BOSSHARDT & ASSOCIATES, P.A.  
1600 SE 17TH STREET  
SUITE 405  
FORT LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D, P ☐ Delete  
NAME FOLEY, RICHARD  
STREET ADDRESS 6333 NW 120TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 239 KEY PALM ROAD  
CITY-ST-ZIP BOCA RATON, FL 33432

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

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/04

954-590-4000

Date

Daytime Phone #