

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90230 005 ***150.00

DOCUMENT # P03000096293

1. Entity Name

YAMAHA SERVICE OF DESTIN, INC.



Principal Place of Business

**200 SANDESTIN LANE #810
DESTIN FL 32550**

Mailing Address

**200 SANDESTIN LANE #810
DESTIN FL 32550**

2. Principal Place of Business

200 Industrial Park Road

Suite, Apt. #, etc.

Suite A

City & State

Destin FL

Zip

32541

Country

USA

3. Mailing Address

200 Industrial Park Road

Suite, Apt. #, etc.

Suite A

City & State

Destin FL

Zip

32541

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

03-0527277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAVITZ, HAROLD P
7600 W. 20TH AVENUE
SUITE #213
HIALEAH FL 33016**

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CABO, DACIA
299 SANDESTIN LANE #810
DESTIN FL 32550**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Cabo, Dacia
200 Industrial Park Road, Suite A
Destin, FL 32541**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Dacia Cabo, President

4/29/04

850-650-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #