

FILED

04 JUL 20 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P03000099326**1. Entity Name
NORTHSIDE MARINE YACHT SALES INC

Principal Place of Business

**234 S.W. WHITMORE DR
PORT ST LUCIE, FL 34984**

Mailing Address

**234 S.W. WHITMORE DR
PORT ST LUCIE, FL 34984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0211752

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

**PENIX, JAMES
234 S.W. WHITMORE DR
PORT ST LUCIE, FL 34984**

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 Requires Wholr Certification)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**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	☐ Delete
	PENIX, JAMES	234 S.W. WHITMORE DR	PORT ST LUCIE, FL 34984	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James Penix*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #