


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000116774 1. Entity Name CAPE HORN YACHTS INC.	
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Principal Place of Business C/O 392 EAST SEAVIEW DRIVE DUCK KEY, FL 33050	Mailing Address C/O 392 EAST SEAVIEW DRIVE DUCK KEY, FL 33050
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3707922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARNARD, MICHAEL 392 EAST SEAVIEW DRIVE DUCK KEY, FL 33050
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BARNARD, MICHAEL C/O 392 EAST SEAVIEW DRIVE DUCK KEY (MARATHON), FL 33050
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IN THIS SPACE**

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:  **MICHAEL BARNARD** 1-10-05 305-743-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #