2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000004900

Entity Name

BOAT AND YACHT MAINTENANCE SERVICES, INC.



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business

1470 NE 142ND ST NORTH MIAMI, FL 33161 Mailing Address

1470 NE 142ND ST NORTH MIAMI, FL 33161



DO NOT WRITE IN THIS SPACE

07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0551902 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEDRICK, PATRICK W 1470 NE 142ND ST NORTH MIAMI, FL 33161

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. U00000957381 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWII! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign I Trust Fund Contribu			_		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS					
TITLE Name Street address City-St-Zip	P NEDRICK, PATRICK W 1470 NE 142ND ST NORTH MIAMI, FL 33161					
TITLE Name Street address City-St-Zip						
TITLE Name Street address City-St-Zip					DO	OT WRITE
TITLE Name Street address City-St-Zip					IN	THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/08 786-351-8005