2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2006 8:00 am Secretary of State DOCUMENT # P04000016202 05-09-2006 90073 001 ***150.00 1. Entity Name D & J YACHT SERVICES, INC. 40000-Principal Place of Business Mailing Address 22160 GARISSON STREET 22160 GARISSON STREET BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business Mailing Address 3280 Johns Bry 3280 DelrayBay OR 05012006 CR2E034 (11/05) 4. FEI Number Applied For 20-0663792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIDLE, DALE D Street Address (P.O. Box Number is Not Acceptable) 3280 Dellay Bay DR 3380 DELRAY BAY DR. DELRAY BEACH, FL 33483 City Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named ent pbmits this stater the obligation 4/10/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TIFLE TIME Change : NAME SPIDLE, DALE D NAME 3280 BELRAY BAY DR #117 3380 DELRAY BAY DR., APT, 704 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP ☐ Delete шш ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITEF ☐ Delete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete THLE ☐ Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 receipter to trustee the state of 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 attache int with an accurate like empowered. SIGNATURE: