


**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

5/10/

05-10-2006 90091 014 \*\*\*150.00

<b>DOCUMENT # P04000036951</b>				
1. Entity Name <b>NANCY FOX YACHT SALES INC.</b>				
Principal Place of Business 10 PRAWN STREET ST. AUGUSTINE FL 32084 US		Mailing Address 10 PRAWN STREET ST. AUGUSTINE FL 32084 US		
2. Principal Place of Business		3. Mailing Address		
Subs. Apt. #, etc.		Subs. Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>27-0081040</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent <b>SMITH-FOX, NANCYANNA W 10 PRAWN STREET ST. AUGUSTINE FL 32084</b>			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL Zip Code	
9. 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 <i>Nancy Fox Prosser</i>			DATE <i>June 25 '06</i>	

66022672



1st MOORE CR2E034 (10/04)

**FILE NOW! PER IS \$10.00**  
 After May 1, 2005 Fee Will Be \$54.00  
 (Also Check Website for Florida Department of State)

8. Election Campaign Financing  \$5.00 May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SMITH-FOX, NANCYANNA W 10 PRAWN STREET ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP FOX, DAVID E 10 PRAWN STREET ST. AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

*X Nancy Fox Prosser, June 25, 2006*

ATTACHMENT



660622672  
#PO 4000036951

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Aug 1 '06

Dept of State

Follows my annual report form with the bottom line which did not come in on the previous form, signed & dated. I assume this is the part you needed so I am sending it to you. Sorry I couldn't see what was needed.

Nancy Fox