


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

05-04-2006 90199 016 \*\*\*150.00

<b>DOCUMENT # P04000100252</b>	
1. Entity Name <b>DARBY YACHTS, INC.</b>	

Principal Place of Business <b>2631 NE 5TH STREET POMPANO BEACH, FL 33062-4922</b>	Mailing Address <b>2631 NE 5TH STREET POMPANO BEACH, FL 33062-4922</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04132006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1229454</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>SHOEMAKER, RICHARD L CPA 612 NE 26TH STREET WILTON MANORS, FL 33305-1208</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Kenneth Rodgers Jr</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2631 NE 5th St</b>
City <b>Pompano Beach</b> FL Zip Code <b>330624922</b>

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 required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RODGERS, KENNETH JR 2631 NE 5TH STREET POMPANO BEACH, FL 330624922</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/06**  
Date

**954 3288420**  
Daytime Phone