

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90259 010 \*\*\*158.75

<b>DOCUMENT # P04000101171</b> 1. Entity Name <b>THE COVE YACHT BASIN, INC.</b>			
Principal Place of Business <b>641 SW 16TH STREET BOCA RATON, FL 33486</b>		Mailing Address <b>641 SW 16TH STREET BOCA RATON, FL 33486</b>	
2. Principal Place of Business <b>1645 SE 3 Ct. #211</b> Suite, Apt. #, etc.		3. Mailing Address <b>1645 SE 3 Ct. #211</b> Suite, Apt. #, etc.	
City & State <b>Deerfield Beach, FL</b>		City & State <b>Deerfield Beach, FL</b>	
Zip <b>33441</b>	Country	Zip <b>33441</b>	Country
4. FEI Number <b>20-1372498</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FIELDS, RANDOLPH H 450 SOUTH ORANGE AVENUE SUITE 650 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>J.K. Gulden</b> Street Address (P.O. Box Number is Not Acceptable) <b>1645 SE 3 Ct. #211</b> City <b>Deerfield Beach</b> <b>FL</b> Zip Code <b>33441</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 <b>J.K. Gulden President</b> <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President J. Kenneth Gulden 1645 SE 3 Ct. #211 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice President Susan M. Agnew 1645 SE 3 Ct. #211 Deerfield Beach, FL 33441</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>J.K. Gulden President</b> <b>4/18/05</b> <b>(954) 427-0353</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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