## 2008 FOR PROFIT CORPORATION ANNUAL REPORT: (AR)

SIGNATURE:

## Feb 25, 2008 08:00 AM Secretary of State DOCUMENT # P04000101525 1. Entity Name MICHELE RENICK YACHT SALES AND SERVICE, INC. Principal Place of Business Mailing Address 336 NORTH BIRCH ROAD 336 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 84-1651547 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RENICK, MICHELE D Street Address (P.O. Box Number is Not Acceptable) 336 BIRCH ROAD 10D FORT LAUDERDALE FL 33304 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed tiener of reprinted agent until tile if unplicable (NOTE Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition RENICK, MICHELE D NAME NAME U00000837323 03/04/08-80052-014 150.00 STREET ADDRESS 336 NORTH BIRCH ROAD #10D STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-7IP THEE ☐ Dalete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP THREE ☐ Derete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP 1011.6 Derete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE F ☐ Deiele TITLE ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify the exemptions contained in Section 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 eath; 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.

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**