2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __

Secretary of State DOCUMENT # P04000117696 01-06-2005 90002 034 ***150.00 1. Entity Name IYC YACHT SALES, INC. Mailing Address Principal Place of Business 50000234 923 4TH STREET WEST 923 4TH STREET WEST PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Cha-P CR2E034 (10/03) Applied For City & State 4. FEi Number City & State 75-3164059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARSON, TEDDY SHANE Street Address (P.O. Box Number is Not Acceptable) 923 4TH STREET WEST PALMETTO, FL 34221 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. D, P Change ☐ Addition ☐ Detete TITLE TITLE PARSON, TEDDY SHANE NAME NAME STREET AODRESS STREET ADDRESS 923 4TH STREET WEST CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP D. 5-T X Change TITLE ☐ Delete TITLE ■ Addition WHITEAKER, CHARLES E. WHITAKER, CHARLES E NAME NAME 923 4TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL 34221 X Addition D, VP . Change. _ Delete TITLE TIFLE WHITEAKER, DEBRA R. NAME NAME STREET ADDRESS STREET ADDRESS PALMETTO, FLORIDA 34221 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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

Debra Whiteaker V.P. 1-3-05

FILED Jan 06, 2005 8:00 am