## **2005 FOR PROFIT CORPORATION**

SIGNATURE: 👗

## Jun 09, 2005 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # P04000142981** 06-09-2005 90002 019 \*\*\*150.00 PEGASUS YACHT MANAGEMENT, INC Mailing Address Principal Place of Business 2046 TREASURE COAST PLAZA 2046 TREASURE COAST PLAZA VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address 2046 TREASURE COAST PLAZA #180 2046 TREASURE COAST Suite, Apt. #, etc. Suite, Apt. #, etc. 06012005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-2656382 BEACH VERO. Not Applicable Country USA \$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 LANNAMANN KENNETH A LANNAMANN, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 2046 TREASURE COAST PLAZA 180 VERO BEACH, FL 32960 TREASURE COAST PLAZA #180 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. men (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE LANNAMANN, KENNETH A NAME NAME STREET ADDRESS 2046 TREASURE COAST PLAZA #180 STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE VΡ LANNAMANN GISELE NAME NAME TREASURE COAST PLAZA #180 2046 STREET ADDRESS STREET ADDRESS BEACH FL 32960 CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Addition IME Channe NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIFLE ☐ Detete ☐ Addition DITE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #