


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90021 031 \*\*\*150.00

<b>DOCUMENT # P05000071842</b>					
<b>1. Entity Name</b> SOUTHERNMOST YACHT SERVICE, INC.					
<b>Principal Place of Business</b> 2650 NE 22ND CT POMPANO BEACH, FL 33062			<b>Mailing Address</b> 2650 NE 22ND CT POMPANO BEACH, FL 33062		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5022333	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MANHEIMER, NOEL A 2650 NE 22ND CT POMPANO BEACH, FL 33062			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANHEIMER, NOEL A 2650 NW 22ND CT POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANHEIMER, NOEL A 2650 NW 22ND CT POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>N. A. Manheimer</u> <span style="float: right;">02/03/2006</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Daytime Phone #</span>					