2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # P05000090617 1. Entity Name DE SOTO POINT YACHT SERVICES, INC. Principal Place of Business Mailing Address 130 59TH STREET W BRADENTON FL 34209 130 59TH STREET W **BRADENTON FL 34209** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suitc. Apt. #, etc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-2943055 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 130 59TH STREET W **BRADENTON FL 34209** City Zip Code 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, typoid or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL ☐ Delete TITLE Change Addition DAVID, ROBERT C NAME NAME 130 59TH STREET W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-SI-ZIP CITY-ST-ZIP ☐ Dolete HILL □ Change Addition DAVID, PATRICK NAME NAME 2425 53RD ST N STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33710 CHY-SI-7IP CHY-S1-7IP TITLE ☐ Dolelo 1992 ☐ Changa Addition DAVID, CARRIE NAME NAME STREET ADDRESS 2425 53RD ST N STREET ADDRESS SAINT PETERSBURG FL 33710 CITY-ST-ZIP CHY-SI-ZIP HILE ☐ Delete mu ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP <u>U00000713528</u> 04/26/07-80094-065°150. Foodding Hitt ☐ Delete full NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY- SI-7IP DIDE ☐ Detete IIILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

SIGNATURE:

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

RUBERT DAVID

12. I hereby certify that the information supplied with this filing does not qualify for 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

FILED