


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000120138 1. Entity Name HOLMES & OWEN YACHT SALES, INC. |  |
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| Principal Place of Business 3423 LAKESHORE BLVD. JACKSONVILLE, FL 32210 | Mailing Address 4637 QUEEN LANE JACKSONVILLE, FL 32210 |
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 55-0904110 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**HOLMES, Q. BARTON
4637 QUEEN LANE
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE P | NAME OWEN, ANTHONY L |
| STREET ADDRESS 4712 MARSH HAMMOCK DRIVE WEST | CITY-ST-ZIP JACKSONVILLE, FL 32224 |
| TITLE VP | NAME HOLMES, QUINN B |
| STREET ADDRESS 4637 QUEEN LANE | CITY-ST-ZIP JACKSONVILLE, FL 32210 |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
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| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

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01/17/08-80002-007 150.00

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.

SIGNATURE: *O. Barton Holmes* **O. BARTON HOLMES** 1/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904.387.5432