2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

20-4026958 No. 20-4026958 No. 20-4026958 S.75 Aprilli S. 20-4026958	DOCUMENT # P05000158646 1. Entity Name DEGRAY YACHT SALES, INC.	Secret	ary of Sta	
DO NOT WRITE IN THIS SPACE 10052007 No Chg-P CR2E034 (11/05)	110 SEAGATE RD 110 SEAGATE RD			
CRAFT, DAVID WESQ 3418 POINSETTIA AVENUE WEST PALIM BEACH, FL 33407 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE 13 \(\frac{15.00}{2.00} \) After May 1, 2007 Fee will be \$\frac{15.00}{2.00} \) 9. Election Compaign Financing \$5.00 \) TITLE NAME DEGRAY, WILLIE DEGRAY, WILLIE		01052007 No Chg-P CR2E03 4. FEI Number 20-4026958 5. Cartificate of Sterne Desired	4 (11/05) Applied For Not Applicable 8.75 Additional	
TILE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP	CRAFT, DAVID W ESQ 3418 POINSETTIA AVENUE WEST PALM BEACH, FL 33407			
Atter May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SITEET ADDRESS CITY-51-2P	the obligations of registered agent.			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	TITLE DP NAME DEGRAY, WILLIE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	U00000583601 01/12/07-80003-	012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
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 of the corporation 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 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 Echanged, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mptions contained in Chapter 119, Florida Statutes, I further certifure shall have the same legal effect as if made under oath; that I are do by Chapter 607, Florida Statutes; and that my name appears in	y that the information n an officer or director Block 10 or Block 11 if	