

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90012 042 ***150.00

DOCUMENT # P06000079891

1. Entity Name
JIM SMITH YACHT MANAGEMENT, INC.



Principal Place of Business Mailing Address
P O BOX 350068 P O BOX 350068
FT LAUDERDALE, FL 33335 US FT LAUDERDALE, FL 33335 US

40043483



2. Principal Place of Business - No P.O. Box #
1642 SE 14th ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03242007 Chg-P CR2E034 (12/06)

City & State
Fort Lauderdale FL
Zip
33316 Country
us

City & State
Zip Country

4. FEI Number
20-5059538
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAM BURNS CPA EA PA
6970 TAFT STREET
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SMITH, JAMES P O BOX 350068 FT LAUDERDALE, FL 33335	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

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: *James Smith* **JAMES Smith**

03/25/07

954-764-6597