

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000148931

1. Entity Name

CAPTAIN'S YACHT SERVICES, INC.



Principal Place of Business

8603 VILLAGE MILL ROW
BAYONET POINT, FL 34667

Mailing Address

8603 VILLAGE MILL ROW
BAYONET POINT, FL 34667

FILED
Feb 25, 2008 08:00 AM
Secretary of State



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0880180

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, ELI P/T
8603 VILLAGE MILL ROW
BAYONET POINT, FL 34667

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SMITH, ELI
STREET ADDRESS	PO BOX 3048
CITY - ST - ZIP	VALDEZ, AK 99686
TITLE	VPS
NAME	SMITH, MARK
STREET ADDRESS	PO BOX 1725
CITY - ST - ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000839500
03/06/08-80010-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELI SMITH 2/22/08 727-819-0304

Date

Daytime Phone #