

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157644

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: SOUTHERN GULF YACHT SERVICES INC.

## Current Principal Place of Business:

909 NE 27TH LN  
UNIT 3  
CAPE CORAL, FL 33909

## New Principal Place of Business:

2054 LOVOY CRT  
NORTHPORT, FL 34288

## Current Mailing Address:

909 NE 27TH LN  
UNIT 3  
CAPE CORAL, FL 33909

## New Mailing Address:

2054 LOVOY CRT  
NORTHPORT, FL 34288

FEI Number: 20-8121381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUBIGER, BRIAN  
2054 LOVOY CT  
NORTH PORT, FL 34288 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHUBIGER, BRIAN M  
Address: 2054 LOVOY CT  
City-St-Zip: NORTH PORT, FL 34288 US

Title: P (X) Delete  
Name: PARKS, DAVE  
Address: 140 SE 45TH ST.  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: T ( ) Delete  
Name: SCHUBIGER, NICOLE  
Address: 2054 LOVOY CT  
City-St-Zip: NORTH PORT, FL 34288 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHUBIGER

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date