## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000112739

Entity Name: DIVERSIFIED YACHT SERVICES, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
515 E. PARK AVENUE TALLAHASSEE, FL 32301				2420 CONCORDE DRIVE UNIT 7 FORT MYERS, FL 33901			
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Current Mailing Address:				New Mailing Address:			
515 E. PARK AVENUE TALLAHASSEE, FL 32301				2420 CONCORDE DRIVE UNIT 7 FORT MYERS, FL 33901			
FEI Number	: 26-1239352	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
515 E. PAF TALLAHAS	RK AVENUE SSEE, FL 3230		urpose o	of changing i	ts registered	office or registered agent, or both,	
in the State	e of Florida.	·	ı	3 3	J		
SIGNATU		· O: 1					
	Electron	ic Signature of Registered Age	nt			Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PRES () LEVI, RICHARD 2401 W. MONR SPRINGFIELD,	OE STREET		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () HOHENSTEIN, 2401 W. MONR SPRINGFIELD,	OE STREET		Title: Name: Address: City-St-Zip:	LEVI, RYAN M 25900 HICKO	X) Change()Addition 1 EXEC VP RY BLVD, #502 NGS, FL 34134	
Title: Name: Address: City-St-Zip:	VP () BENAD, PAMEL 2401 W. MONR SPRINGFIELD,	OE STREET		Title: Name: Address: City-St-Zip:	HOHENSTEIN	IROE STREET	
Title: Name: Address: City-St-Zip:	SEC () HOHENSTEIN, 2 2401 W. MONR SPRINGFIELD,	OE STREET		Title: Name: Address: City-St-Zip:	BENAD, PAMI	IROE STREET	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () BENAD, PAMEI 2401 W. MONR SPRINGFIELD,	OE STREET		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

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: RICHARD H. LEVI PRES 03/19/2009