

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 031 ***150.00

DOCUMENT # P24594

1. Entity Name
MARY POOLE YACHT DOCUMENTATION, INC.



Principal Place of Business
**1651 W OAK KNOLL CIRCLE
FT LAUDERDALE, FL 33324 US**

Mailing Address
**P.O. BOX 22100
FT. LAUDERDALE, FL 33335**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0113526

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POOLE, MARY
1651 W OAK KNOLL CIRCLE
FT LAUDERDALE, FL 33324**

**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, 2004 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
**PD
POOLE, MARY G.
PO BOX 40
ROCKWOOD, ME 04478**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S/T
TOLE, CYNTHIA J
PO BOX 40
ROCKWOOD, ME 04478**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
MONA FRAGA
P.O. BOX 22100
FT. LAUDERDALE 33335**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Mona Fraga **MONA FRAGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

954-434-6949
Daytime Phone #