


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P24594 1. Entity Name MARY POOLE YACHT DOCUMENTATION, INC.	
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Principal Place of Business 1651 W OAK KNOLL CIRCLE FT LAUDERDALE, FL 33324 US	Mailing Address P.O. BOX 22100 FT. LAUDERDALE, FL 33335
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0113526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 FRAGA, MONA PO BOX 22100 FORT LAUDERDALE, FL 33335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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07/07/06-80006-011 150.00

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: *Mona Fraga - V.P. MON FRAGA* **7/5/06** **954-434-6949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #