

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90193 007 ***150.00

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04162007 Chg-P CR2E034 (12/06)

DOCUMENT # P93000002819					
1. Entity Name Y-NOT YACHTING CORPORATION					
Principal Place of Business 7412 15TH AVE NW BRADENTON, FL 34209 US			Mailing Address P.O. BOX 14624 BRADENTON, FL 34280 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0371328				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			7. Name and Address of New Registered Agent		
WILLOCKS, CHERI M 7412 15TH AVE NW BRADENTON, FL 34209			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEAL, JUNE C		NAME		
STREET ADDRESS	548 BOWSER ST		STREET ADDRESS		
CITY-ST-ZIP	ROCKDALE, TX 76567		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGG, DWANE L		NAME		
STREET ADDRESS	7412 15TH AVE NW		STREET ADDRESS	P.O. BOX 14624	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34280	
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLOCKS, CHERI M		NAME		
STREET ADDRESS	7412 15TH AVE NW		STREET ADDRESS	P.O. Box 14624	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34280	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Cheri M. Willocks</i>		CHERI M WILLOCKS		4-19-07 941-795-8259	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	