

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 014 ***150.00



DOCUMENT # P94000018775
 1. Entity Name
YACHT CLUB DISTRIBUTORS OF TAMPA BAY, INC.

Principal Place of Business 13799 PARK BLVD 125 SEMINOLE, FL 33776 US	Mailing Address 13799 PARK BLVD 125 SEMINOLE, FL 33776 US
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2. Principal Place of Business - No P.O. Box # 3198 24th Ave N	3. Mailing Address 3198 24th Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg FL	City & State St. Petersburg, FL
Zip 33713	Country Russias
Country Russias	Zip 33713
Country Russias	Country Russias



05082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
CARLIN, MICHAEL D
 13799 PARK BLVD 125
 SEMINOLE, FL 33776

4. FEI Number
59-3228987

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P CARLIN, MICHAEL D 13799 PARK BLVD 125 SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael D. Carlin* Date: 4-30-08 Daytime Phone #: 727-328-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR