## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 08:00 AM Secretary of State -**DOCUMENT # P94000022597** VENICE YACHT COMPANY Mailing Address Principal Place of Business 401 SUB STATION RD. 401 SUB STATION RD. VENICE, FL 34292 VENICE, FL 34292 03082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0479705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEATERLY, DEE DO NOT WRITE 401 SUB STATION ROAD VENICE, FL 34292 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST 3131£ NAME DEATERLY, DEE 401 SUB STATION RD. STREET ADDRESS VENICE, FL 34292 CITY-S1-78P TITLE U00000120702 04/20/04-80020-013 150.00 MAME STREET ADDRESS CXTY-ST-ZXP HEE MAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE NAME STREET ADDRESS CHTY - ST - ZIP STILE NAME STREET ADDRESS CRY-ST-ZIP

12. I hereby certify that the information supplied with this tilling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**