


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000029178**  
 1. Entity Name  
 EAU GALLIE YACHT HARBOR, INC.



Principal Place of Business  
 19151 FOX LANDING DR  
 BOCA RATON, FL 33434 US

Mailing Address  
 C/O JAMES M. KAUFMAN <7 ASSOC.  
 19151 FOX LANDING DR  
 BOCA RATON, FL 33434 US



**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3310190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

KAUFMAN, JAMES M  
 19151 FOX LANDING DRIVE  
 BOCA RATON, FL 33434

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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 286 if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

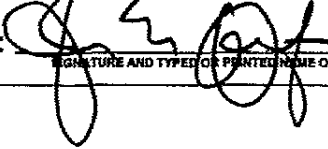
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KAUFMAN, JAMES M 19151 FOX LANDING DR BOCA RATON, FL
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 01/12/07-80018-023 150.00

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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:  **JAMES M. KAUFMAN** 1/10/07 (561)241-9072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #