

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90297 035 ***158.75

DOCUMENT # P94000060674

1. Entity Name
NORTH FLORIDA YACHT CENTER, INC.



Principal Place of Business
**3482 LAKESHORE BLVD
JACKSONVILLE, FL 32210**

Mailing Address
**12 COOLIDGE COURT
PALM COAST, FL 32137**

2. Principal Place of Business
200 Nix Boatyard Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State

Zip
32084 Country
St Johns

Zip

Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3261627

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKS, MICHAEL W
3482 LAKESHORE BLVD.
JACKSONVILLE, FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROOKS, MICHAEL W
12 COOLIDGE CT
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
BROOKS, MARKA A
12 COOLIDGE CT
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

[Signature]

April 20, 2005