

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000060468

1. Entity Name
C.R.W. YACHT SALES, INC.



Principal Place of Business
1692 N.E. SEAHORSE PL
JENSEN BEACH, FL 34957

Mailing Address
1692 N.E. SEAHORSE PL
JENSEN BEACH, FL 34957



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0656026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISS, CHRISTOPHER
1692 N.E. SEAHORSE PL
JENSEN BEACH, FL 34957

**DO NOT WRITE
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 _____

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

(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. ☐

**\$5.00 May Be
Added to Fees**

U000000622330
02/13/07-80021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME: **WEISS, CHRISTOPHER R**
STREET ADDRESS
CITY-ST-ZIP
**1692 N.E. SEAHORSE PL
JENSEN BEACH, FL 34957**

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 954-64-5535
Date Daytime Phone #