

**2004 ~~FOR~~ PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000003884

1. Entity Name
THREE BUOYS, INC.



Principal Place of Business
3111 CARDINAL DR
VERO BEACH, FL 32963

Mailing Address
3111 CARDINAL DR
VERO BEACH, FL 32963



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3376699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DR
VERO BEACH, FL 32963

**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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARNARD, DOUGLAS F
STREET ADDRESS 121 S SHORE CIRCLE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D
NAME BARNARD, RICHARD F
STREET ADDRESS 5 SPRINGWOOD LANE
CITY-ST-ZIP HUNTINGTON, NY 11743

TITLE D
NAME BARNARD, ROBERT F
STREET ADDRESS 2420 19TH ST NW
CITY-ST-ZIP WASHINGTON, DC 20009

TITLE D
NAME BARNARD, THOMAS E
STREET ADDRESS 10 THE BUTTER CHURN
CITY-ST-ZIP SIMSBURY, CT 06070

TITLE D
NAME BARNARD, HELEN G
STREET ADDRESS 200 E 33RD ST
CITY-ST-ZIP NEW YORK, NY 10016

TITLE
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 772-231-6972

Date

Daytime Phone #