

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 009 \*\*\*150.00

**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**

40020410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3376699**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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                             | <input type="checkbox"/> Delete |
| NAME           | <b>BARNARD, DOUGLAS F</b>     |                                 |
| STREET ADDRESS | <b>121 S SHORE CIRCLE</b>     |                                 |
| CITY-ST-ZIP    | <b>VERO BEACH, FL 32963</b>   |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | <b>BARNARD, RICHARD F</b>     |                                 |
| STREET ADDRESS | <b>1 POND DR</b>              |                                 |
| CITY-ST-ZIP    | <b>LLOYD HARBOR, NY 11743</b> |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | <b>BARNARD, ROBERT F</b>      |                                 |
| STREET ADDRESS | <b>8501 LYNNBROOK DR</b>      |                                 |
| CITY-ST-ZIP    | <b>BETHESDA, MD 20814</b>     |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | <b>BARNARD, THOMAS E</b>      |                                 |
| STREET ADDRESS | <b>10 THE BUTTER CHURN</b>    |                                 |
| CITY-ST-ZIP    | <b>SIMSBURY, CT 06070</b>     |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | <b>BARNARD, HELEN G</b>       |                                 |
| STREET ADDRESS | <b>264 LEXINGTON AVE</b>      |                                 |
| CITY-ST-ZIP    | <b>NEW YORK, NY 10016</b>     |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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** *Douglas F. Barnard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** *FEB 12, 2008*

Date

Daytime Phone #