

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90153 028 ***150.00

14007173



04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000032288			
1. Entity Name CAKO YACHTS, INC.			
Principal Place of Business 600 NORTHLAKE BLVD SUITE A N PALM BEACH, FL 33408		Mailing Address 600 NORTHLAKE BLVD SUITE A N PALM BEACH, FL 33408	
2. Principal Place of Business 6000 NW 70th Ave Suite, Apt. #, etc.		3. Mailing Address 4421 NW Blitchton Rd. Suite, Apt. #, etc. #421	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34482 USA		Zip 34482 USA	
4. FEI Number 65-0668830		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAHL, MICHAEL 600 NORTHLAKE BLVD SUITE A N PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name: Michael D. Dahl Street Address (P.O. Box Number, if Not Applicable): 6000 NW 70th Ave City: Ocala FL Zip Code: 34482	
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: <i>Michael D. Dahl</i> DATE: 4-27-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: DAHL, ROBERT SR	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 6000 NW 70th Ave.
STREET ADDRESS: 600 NORTHLAKE BLVD, SUITE A	CITY-ST-ZIP: N PALM BEACH, FL 33408	STREET ADDRESS: 6000 NW 70th Ave.	CITY-ST-ZIP: Ocala, FL 34482
TITLE: P <input type="checkbox"/> Delete	NAME: DAHL, MICHAEL D	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 6000 NW 70th Ave.
STREET ADDRESS: 600 NORTHLAKE BLVD STE A	CITY-ST-ZIP: N PALM BCH, FL	STREET ADDRESS: 6000 NW 70th Ave.	CITY-ST-ZIP: Ocala, FL 34482
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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 signature and date.			
SIGNATURE: <i>Michael D. Dahl</i>		DATE: 4-27-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 352-629-4044	