


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90025 019 ***150.00

DOCUMENT # P96000033862 1. Entity Name HOLMES YACHT SALES, INC.					
Principal Place of Business 4451 HERSCHEL STREET SUITE 1 JACKSONVILLE, FL 32210			Mailing Address 4451 HERSCHEL STREET SUITE 1 JACKSONVILLE, FL 32210		
2. Principal Place of Business 3423 LAKESHORE BLVD Suite, Apt. #, etc.		3. Mailing Address 4637 QUEEN LN Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3380847	
Zip 32210		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, Q. BARTON 4451 HERSCHEL STREET SUITE 1 JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name HOLMES, Q. BARTON Street Address (P.O. Box Number is Not Acceptable) 4637 QUEEN LN City JACKSONVILLE FL Zip Code 32210		
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: <u><i>Q. Barton Holmes</i></u> DATE: <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, Q. BARTON 4451 HERSCHEL STREET SUITE 1 JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, Q. BARTON 4637 QUEEN LN JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Q. Barton Holmes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/8/06</u> Daytime Phone #: <u>904.387-5432</u>		