2005 FOR PROFIT CORPORATION __ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State

ANNUAL REPURT				Apr 11, 2005 00:00
DOCUMENT # P96000038939 1. Entity Name				Secretary of Stat
	SIDE YACHT MAINTENANCE	E INC.		
Principal Plan	ce of Business	Mailing Address		1
1608 SW 12		1608 SW 12 COURT		
FT LAUDER	DALE, FL 33312	FT LAUDERDALE, FL 33312		
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DO NOT WRITE IN THIS SPA				02272005 No Chg-P CR2E034 (10/03)
			CE	
				4. FEI Number Applied For 65-0656598 Not Applicable
				5. Certificate of Status Desired S8.75 Additional
	C. November 1		The state of the s	Fee Required
6. Name and Address of Current Registered Agent				
DAVISON, OLIVER				DO NOT WRITE
1608 SW 12 COURT - FT LAUDERDALE, FL 33312			}	
				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 reinstating) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				
NAME.	P DAVISON, OLIVER		1	
STREET ADDRESS	1608 S.W. 12TH COURT		į	
CITY-ST-ZIP	FT. LAUDERDALE, FL			w = 1000
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STREET ADDRESS CITY-ST-ZIP				
TITLE			1	

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/05 Date

Daytime Phone #