


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 014 ***150.00

DOCUMENT # P96000087013		
1. Entity Name CORAL ISLAND YACHTS AND CHARTERS, INC.		

Principal Place of Business 73 COCO PLUM DRIVE MARATHON, FL 33050	Mailing Address POST OFFICE BOX 500281 MARATHON, FL 33050
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2. Principal Place of Business 13152 144th SW Parkway	3. Mailing Address P.O. Box 1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Okeechobee FL	City & State Okeechobee, FL
Zip 34974	Country Okeechobee
Zip 34973	Country Okeechobee



02192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0701553		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		
BARTLETT, JOHN H 73 COCO PLUM DRIVE MARATHON, FL 33050		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable) 13152 SW 144th Parkway		
City Okeechobee	FL	Zip Code 34974

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARTLETT, JOHN H 73 COCO PLUM DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13152 SW 144th Parkway Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: John H. Bartlett 03-14-2005 305-743-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #