

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90303 012 ***150.00

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1. Entity Name
SHIPWRIGHT YACHT SERVICE & WOODWRIGHT PRODUCTS, INC.

Principal Place of Business Mailing Address
1020 PINE ISLAND ROAD 1020 PINE ISLAND ROAD
UNIT 208 UNIT 208
CAPE CORAL FL 33909 CAPE CORAL FL 33909

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0736125 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

REEVES, EDMAN L
1020 PINE ISLAND ROAD
UNIT 208
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	REEVES, EDMAN L	
STREET ADDRESS	1202 SW 11TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	REEVES, CHERYL L	
STREET ADDRESS	1202 SW 11TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REEVES, STEVEN D	
STREET ADDRESS	4421 SW 15TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: _____ **4/13/04** **239-772-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #