2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED Feb 12, 2004 08:00 AM Secretary of State DOCUMENT # P97000019783 1. Entity Name SEA-MORE YACHT SERVICES, INC. Principal Place of Business Mailing Address 23483 WATER CIRCLE BOCA RATON FL 33486 23483 WATER CIRCLE **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite. Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0732315 Not Applicable Zıp Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE TITLE Change ☐ Delete NAME RUSSELL, JOHN R NAME 23483 WATER CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP City - ST- 7IP TITLE Delete TITLE Change ☐ Addition NAME U00000047588 STREET ADDRESS STREET ADDRESS 02/12/04-80046-020 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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. 95Y)803-750*0* SIGNATURE:

OR DIRECTOR