


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90029 027 \*\*\*150.00

**DOCUMENT # P97000048539**

1. Entity Name  
**REJOYCE YACHT CORPORATION**



Principal Place of Business  
**401 BAYFRONT PLACE  
 UNIT #3506  
 NAPLES, FL 34102**

Mailing Address  
**401 BAYFRONT PLACE  
 UNIT #3506  
 NAPLES, FL 34102**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**86-0884078**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**PRICE, MARK J  
 ROETZEL & ANDRESS  
 850 PARK SHORE DRIVE., 3RD FL  
 NAPLES, FL 34103**

**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 \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

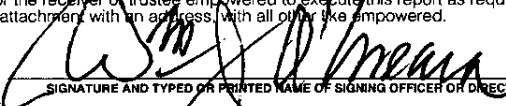
**10. OFFICERS AND DIRECTORS**

TITLE	PTD <input type="checkbox"/> Delete
NAME	O'MEARA, WILLIAM J
STREET ADDRESS	350 KINGSTOWN DRIVE
CITY-ST-ZIP	NAPLES, FL 341027821
TITLE	S <input type="checkbox"/> Delete
NAME	O'MEARA, JOYCE A
STREET ADDRESS	350 KINGSTOWN DRIVE
CITY-ST-ZIP	NAPLES, FL 341027821
TITLE	D <input type="checkbox"/> Delete
NAME	O'MEARA, JOYCE A
STREET ADDRESS	350 KINGSTOWN DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	401 Bayfront Place #3506
CITY-ST-ZIP	Naples FL 34102
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	401 Bayfront Place #3506
CITY-ST-ZIP	Naples FL 34102
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	401 Bayfront Place #3506
CITY-ST-ZIP	Naples FL 34102
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:**  **1-22-04** **659-5975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone