


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0884078	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD O'MEARA, WILLIAM J 401 BAYFRONT PLACE, #3506 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'MEARA, JOYCE A 401 BAYFRONT PLACE, #3506 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'MEARA, JOYCE A 401 BAYFRONT PLACE, #3506 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000230744
 02/15/05-80054-025 150.00

DO NOT WRITE IN THIS SPACE

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-10-05 Daytime Phone # _____