## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AN Secretary of State

ANNUAL REPORT					141ay 05, 200+ 00.00.25			
DOCUMENT # P97000079414  1. Entity Name PREDATOR YACHTS, INC.		114			Sec	retary of S	tate	
Principal Plac PO BOX 132 SARASOTA, F		Mailing Address PO BOX 1329 SARASOTA, FL 34230						
		e transfer	. *					
DO NOT WRITE IN THIS SPA			CE	04052004 4. FEI Numb	No Chg-P	CR2E034 (10/03)	ed For	
				65-080		Not / \$8.75 Additing Fee Required		
	6. Name and Address of Current Re	gistered Agent	I	<u>.                                    </u>		–		
1800 2ND SUITE 971					NOT W THIS SP			
	named entity submits this statement for the following of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with, ar	nd accept	
SIGNATURE.		<u> </u>	<u> </u>		***************************************		<u> </u>	
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registers	d Agent signature required	when reinstating)		, DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
10.	OFFICERS AND Q	RECTORS				<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIFFIN, WILLIAM D 1924 S. OSPREY AVE, SUITE 200 SARASOTA, FL 34239	الرابعة			U00000 05/04/04~(	153157 80115-008 150.	กก	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALSER, RANDY D 1924 S OSPREY AVE STE 200 SARASOTA, FL 34239					20110 000 1001	. 50	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		<b>™</b>		DO	NOT W	RITE		
TRILE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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: \_\_\_\_

Randy Salk Paraly Salkor BIGNATURE AND THE DRING PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

4-29-04

941-316-6827 Date Dayline Phone #