

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000091282



1. Entity Name
A YACHTING HOLIDAY, INC.

Principal Place of Business
908 S.W. 19TH STREET
FT LAUDERDALE, FL 33315

Mailing Address
908 S.W. 19TH STREET
FT LAUDERDALE, FL 33315

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0792988 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTENGERA, JAMES D
908 S.W. 19TH STREET
FT LAUDERDALE, FL 33315

Name *SUSAN M Flammia*

Street Address (P.O. Box Number is Not Acceptable)

908 SW 19 STREET

City *FT. Lauderdale* FL Zip Code *33315*

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 *Susan Flammia* Susan M. Flammia 4/25/05

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, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASTENGERA, JAMES D 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLAMMIA, SUSAN M 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Flammia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Flammia 4/25/05

Date

Daytime Phone #

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90402 041 ***158.75

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