


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90026 010 \*\*\*150.00

**DOCUMENT # P97000099549**

1. Entity Name  
**PALM BEACH YACHT GROUP, INC.**



Principal Place of Business      Mailing Address

711 N. FLAGLER DR      711 N. FLAGLER DR  
 SUITE C      SUITE C  
 WEST PALM BEACH, FL 33401 US      WEST PALM BEACH, FL 33401 US

**50001791**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**209 6TH STREET**      **209 6TH STREET**

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

01082008      Chg-P      CR2E034 (12/06)

City & State      City & State

**WEST PALM BEACH, FL**      **WEST PALM BEACH, FL**

Zip      Country      Zip      Country

**33401**      **FLA. A.**      **33401**      **U.S.A.**

4. FEI Number      Applied For

**65-0799786**      Not Applicable

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

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

**ALBRITTON, GREGORY S**  
**711 N. FLAGLER DR**  
**SUITE C**  
**WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBRITTON, GREGORY S	
STREET ADDRESS	711 N. FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: *Gregory S. Albritton*      Date: 3/24/08      Daytime Phone: \_\_\_\_\_

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