

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000009576

1. Entity Name
NAUTICAL SOLUTIONS, INC.



Principal Place of Business
**101 N. RIVERSIDE DR.
STE 123
POMPANO BEACH, FL 33062**

Mailing Address
**101 N. RIVERSIDE DR.
STE 123
POMPANO BEACH, FL 33062**



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0816736

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAND PIPER YACHTS, INC.
101 N. RIVERSIDE DR.
STE 123
POMPANO BEACH, FL 33062**

**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 _____

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

TITLE **V**
NAME **KEHOE, PETER A**
STREET ADDRESS **2941 NE 23RD CT.**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **P**
NAME **LAUER, RICHARD J**
STREET ADDRESS **14475 WOODSIDE DR.**
CITY-ST-ZIP **LIVONIA, MI 48154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
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CITY-ST-ZIP

**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)(f), 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

Daytime Phone #

PETER A. KEHOE 4/15/05 954-767-9880