

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000010119**

1. Entity Name

SHIP SHAPE YACHT MAINTENANCE, INC.



Principal Place of Business

800 VIRGINIA AVE.  
#56  
FORT PIERCE FL 34982

Mailing Address

800 VIRGINIA AVE  
#56  
FORT PIERCE FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0827577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, JOHN S JR.  
800 VIRGINIA AVE. #56  
FORT PIERCE FL 34982

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

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**  
**Make Check Payable to Florida Department of State**

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	DUNCAN, JOHN S JR.	
STREET ADDRESS	800 VIRGINIA AVE. #56	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, JOHN S JR.	
STREET ADDRESS	800 VIRGINIA AVE. #56	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MICHELLE R	
STREET ADDRESS	800 VIRGINIA AVE. #56	
CITY - ST - ZIP	FT. PIERCE, FL 34982	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, MICHELLE R	
STREET ADDRESS	800 VIRGINIA AVE. #56	
CITY - ST - ZIP	FT. PIERCE FL 34982	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, MICHELLE R	
STREET ADDRESS	800 VIRGINIA AVE. #56	
CITY - ST - ZIP	FT. PIERCE FL 34982	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, MICHELLE R	
STREET ADDRESS	800 VIRGINIA AVE. #56	
CITY - ST - ZIP	FT. PIERCE FL 34982	

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	1100000135904
STREET ADDRESS	01/26/05-80048-006 150.00
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
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 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 #

1/24/05

772/461-1575