

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90053 011 ***150.00

DOCUMENT # P98000030131

1. Entity Name
CAPE YACHT BROKERAGE, INC.



Principal Place of Business
800 SCALLOP DR.
PORT CANAVERAL, FL 32920

Mailing Address
800 SCALLOP DR.
PORT CANAVERAL, FL 32920

50014305



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3502824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, RANDOLPH L
800 SCALLOP DR.
PORT CANAVERAL, FL 32920

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
OVP ~~WATSON~~
WATSON, RANDOLPH
425 TENTH AVE.
INDIALANTIC, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 FEB 05

Date

821-799-4724

Daytime Phone #