

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90006 035 \*\*\*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
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2. Principal Place of Business - No P.O. Box # 810 SCALLOP DR	3. Mailing Address 810 SCALLOP DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT CANAVERAL FL	City & State PORT CANAVERAL FL
Zip 32920	Zip 32920
Country USA	Country USA

6. Name and Address of Current Registered Agent WATSON, RANDOLPH L 800 SCALLOP DR. PORT CANAVERAL, FL 32920	
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7. Name and Address of New Registered Agent Name WATSON, RANDOLPH L Street Address (P.O. Box Number is Not Acceptable) 810 SCALLOP DR City PORT CANAVERAL FL Zip Code 32920	
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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: <u>Randolph L Watson</u> DATE: <u>17 JUL 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OVP WATSON, RANDOLPH L 425 TENTH AVE. INDIALANTIC, FL 32903 <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Randolph L Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>16 JUL 08/321-799-4724</u> <small>Daytime Phone #</small>