2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000065119

1. Entity Name
SHIPYARD HOLDINGS, INC.

Principal Place of Business	Mailing Address
520 SE 32ND STREET	520 SE 32ND STREET
FORT LAUDERDALE, FL 33316	FORT LAUDERDALE, FL 33316

20029992

DO NOT WRITE IN THIS SPACE

02042005	No Chg-P	CR2E034 (10/03)

4. FEI Number		Applied For
65-0854019		Not Applicable

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

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6. Name and Address of Current Registered Agent

DIXON, JOHN
520 SE 32ND STREET
FORT LAUDERDALE, FL 33316

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	D
NAME	DIXON, JOHN
STREET ADDRESS	520 SE 32ND STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _John Dixon Dir   JOHN DIXON, DIR   2/12/05   954-463-9732_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #