


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000069811 1. Entity Name AME YACHT SERVICES, INC.	
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Principal Place of Business 6861 ORANGE DR. FORT LAUDERDALE, FL 33314	Mailing Address 6861 ORANGE DR. FORT LAUDERDALE, FL 33314
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0854211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, DARLENE
6861 ORANGE DR.
FORT LAUDERDALE, FL 33314**

**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 _____ (NOTE: Registered Agent signature required when re-stating) 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	PTD ACKERMANS, HANS C 6861 ORANGE DR. FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, DARLENE 6861 ORANGE DR. FORT LAUDERDALE, FL 33314
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**DO NOT WRITE
IN THIS SPACE**

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05/05/05-80005-009 150.00

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:  **04/26/05 954 791 4447**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #