


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000084302 1. Entity Name YACHT CORROSION CONTROL, INC.	
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Principal Place of Business 8729 1/2 EAST BAY DRIVE TREASURE ISLAND, FL 33706 US	Mailing Address 8729 1/2 EAST BAY DRIVE TREASURE ISLAND, FL 33706 US
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3605549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SICA, JOSEPH D
8729 1/2 EAST BAY DRIVE
TREASURE ISLAND, FL 33706

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SICA, JOSEPH D 8729 1/2 EAST BAY DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD JACKSON, MAURICE 4005 SOUTH CHURCH ST TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SICA, DARLENE M 8729 1/2 EAST BAY DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SICA, DARLENE M 8729 1/2 EAST BAY DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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02/13/08-80052-021 150.00

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IN THIS SPACE**

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: Darlene M Sica Darlene M Sica 2/1/2008 727-367-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #