

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098253

FILED
Feb 02, 2011
Secretary of State

Entity Name: COMPLETE YACHT CARE, INC.

Current Principal Place of Business:

COMPLETE YACHT CARE
6120 N.W. 32ND TERR.
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

COMPLETE YACHT CARE
6120 N.W. 32ND TERR.
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0965524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSHER, EDWARD W PRES
COMPLETE YACHT CARE
6120 N.W. 32ND TERR
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MOSHER, EDWARD W
Address: 6120 N.W. 32ND TERR
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V-P
Name: KRUYK, TINA V-P
Address: 11031 SW 51 STREET
City-St-Zip: DAVIE, FL 33328

Title: TREA
Name: KRUYK, MARK TREA
Address: 11031 SW 51 STREET
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD MOSHER

PRES

02/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date