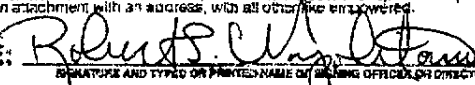


FROM : TAX ACCOUNTING & RESEARCH INC

FAX NO. : 727 733-7933

Apr. 12 2005 12:28PM P1

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000105858																																		
1. Entity Name PONTCHARTRAIN YACHTS INC.																																		
Principal Place of Business 12500 CAPRI CIRCLE N #305 ST. PETE BEACH, FL 33706		Mailing Address P.O. BOX 8612 MADEIRA BEACH, FL 33738																																
DO NOT WRITE IN THIS SPACE																																		
5. Name and Address of Current Registered Agent BOLEK, RICHARD 1992 BONNIE COURT DUNEDIN, FL 34898		04122005 No Chg-P CR25034 (10/03) 6. FEI Number: 59-3613028 Applied For: ☐ Not Applicable 7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																
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 _____ Signature, typed or printed name of registered agent or director if applicable (NOT: Registered Agent signature required when re-registering) DATE _____																																		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PO</td> </tr> <tr> <td>NAME</td> <td>NAPOLITANO, ROBERT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12500 CAPRI CIR N</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33706</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PO	NAME	NAPOLITANO, ROBERT	STREET ADDRESS	12500 CAPRI CIR N	CITY-ST-ZIP	SAINT PETERSBURG, FL 33706	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		000000335168 04/27/05-80074-013 150.00 DO NOT WRITE IN THIS SPACE
TITLE	PO																																	
NAME	NAPOLITANO, ROBERT																																	
STREET ADDRESS	12500 CAPRI CIR N																																	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706																																	
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information included 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 its 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 persons empowered.																																		
SIGNATURE: 		31 APR '05 737-367-1858																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																																