## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## DOCUMENT # \$40031 **Secretary of State** 1. Entity Name BRUCE'S YACHT DETAILING, INC. Principal Place of Business Mailing Address % BRUCE K. EHRLICH 4169 POT 'O GOLD ST. WEST PALM BEACH FL 33406 % BRUCE K. EHRLICH 4169 POT 'O GOLD ST. WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0250673 Not Applicable Country Ziso Country Zιo \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EHRLICH, BRUCE K. Street Address (P.O. Box Number is Not Acceptable) 4169 POT 'O GOLD ST. WEST PALM BEACH FL 33406 City Zip Code FL 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 (am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ Delete.... IBLE ☐ Change T331 F EHRLICH, BRUCE K. NAME NAME 000000076534 03/05/**0**4-80005-023 150.00 4169 POT 'O GOLD ST. STREET ADDRESS STREET ADDRESS C/3Y - ST - Z8P WEST PALM BEACH FL CITY-ST-ZIP ☐ Delete SITEE ☐ Change Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition Defete ☐ Chance BITIE TITLE MAME MAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete THLE 33113 NAME NAME STREET ADDRESS STHEET ADDRESS CHY-ST-ZIP CITY-ST-ZIP BILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CETY-ST-ZEP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-78 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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

BRUCE K. EHRlICH

**FILED** 

Mar 05, 2004 08:00 AM