Mar 03 2005 3:14PM DONOVAN BELL

FILED
May 18, 2005 8:00 am
Secretary of State
05-18-2005 90026 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70245

1. Entity Name
OFFSHORE YACHT BROKERS, INC.

Principal Place of Business	Mailing Address
65 LEWIS BLVD. ST AUGUSTINE, FL 32084 US	65 LEWIS BLVD. ST AUGUSTINE, FL 32084 US

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3080329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOUGLAS, DONALD C. ~~393 MICKLER RD~~ ~~ST AUGUSTINE, FL 32084~~	Name Street Address (P.O. Box Number is Not Acceptable): 5307 RIVERVIEW DR City ST. AUGUSTINE FL Zip Code 32080

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: X [signature] VP 3/9/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOUGLAS, DONALD C ~~333 MICKLER RD~~ ~~ST AUGUSTINE, FL 32084~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5307 RIVERVIEW DR ST. AUGUSTINE, FL. 32080
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENJAMIN, BARRY M ~~280 BRIGHTON CT.~~ ~~PONTE VEDRE FL 32084~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1010 N. MARSH WIND WAY PONTE VEDRA BCH, FL. 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOUDRO, SHARON R 15 BARCELONA AVE ST AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 3/9/05 904 669-6954
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #