


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90088 017 \*\*\*158.00

<b>DOCUMENT # S72011</b>	
<b>1. Entity Name</b> PERFORMANCE PAINT YACHT REFINISHING, INC.	

<b>Principal Place of Business</b> 1600 WEST STATE ROAD 84 SUITE 5 FT. LAUDERDALE FL 33315 US	<b>Mailing Address</b> 1600 WEST STATE ROAD 84 SUITE 5 FT. LAUDERDALE FL 33315 US
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<b>2. Principal Place of Business</b> 3219 South Port Royale Dr. Suite, Apt. #, etc. APT. D	<b>3. Mailing Address</b> 3219 South Port Royale Dr. Suite, Apt. #, etc. APT. D
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MOORE CR2E034 (11/03)

<b>City &amp; State</b> Port Lauderdale, FL	<b>City &amp; State</b> Port Lauderdale, FL
<b>Zip</b> 33308	<b>Zip</b> 33308
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 65-0284735	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> MORTON, JOHN 3219 SOUTH PORT ROYALE DRIVE APT. D FORT LAUDERDALE FL 33308
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> MORTON, JOHN S	
<b>STREET ADDRESS</b> 3219 SOUTH PORT ROYALE APT. D	
<b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33308	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *John S. Morton* **1-30-04 (914) 493 9328**  
Date Daytime Phone #