

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 856391**

1. Entity Name  
**S 2 YACHTS, INC.**



Principal Place of Business  
**725 EAST 40TH ST.  
HOLLAND, MI 49423**

Mailing Address  
**725 EAST 40TH ST.  
HOLLAND, MI 49423**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **38-2040714** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | CD                  |
| NAME           | SLIKKERS, LEON R.   |
| STREET ADDRESS | A-5228 147TH AVE.   |
| CITY-ST-ZIP    | HOLLAND, MI         |
| TITLE          | CEOD                |
| NAME           | SLIKKERS, DAVID     |
| STREET ADDRESS | 13 CAROSEL LN.      |
| CITY-ST-ZIP    | HOLLAND, MI         |
| TITLE          | PD                  |
| NAME           | SLIKKERS, ROBERT    |
| STREET ADDRESS | 6553 CREEKWOOD LANE |
| CITY-ST-ZIP    | HOLLAND, MI         |
| TITLE          | STD                 |
| NAME           | SLIKKERS, DOLORES   |
| STREET ADDRESS | A-5228 147TH ST.    |
| CITY-ST-ZIP    | HOLLAND, MI         |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

100000387633  
01/19/06-80046-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Robert Slikkers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

Daytime Phone #