

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006778

FILED
Mar 01, 2011
Secretary of State

Entity Name: 3 FATHOMS INC.

Current Principal Place of Business:

2060 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

2060 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 27-3082424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEATING, SALLY C
2060 OAK HAMMOCK DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KEATING, CLARE
Address: 2060 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST
Name: KEATING, SALLY
Address: 2060 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: BENJAMIN, STEVE
Address: 2060 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: STORY, PAUL
Address: 2060 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALLY C KEATING

ST

03/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date