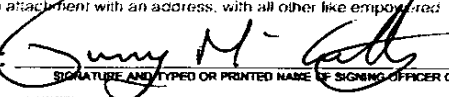


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 040 ***150.00

DOCUMENT # P02000047848 1. Entity Name FLORIDA MARINE SURPLUS, INC.					
Principal Place of Business 12200 34TH STREET N SUITE E CLEARWATER, FL 33762			Mailing Address 1720 HAMPTON LANE CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box # 6545 125th AVE North		3. Mailing Address Suite Apt. #, etc 			
City & State Largo, FL		City & State 		4. FEI Number 02-0605299	
Zip 33773		Country Pineellas		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, TONY 1720 HAMPTON LANE CLEARWATER, FL 33756				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PD	NAME MCCARTHY, TONY		TITLE PD	NAME MCCARTHY, TONY	
STREET ADDRESS 1720 HAMPTON LANE	CITY-ST-ZIP CLEARWATER, FL 33756		STREET ADDRESS 6545 125th AVE NORTH	CITY-ST-ZIP LARGO, FL 33773	
☒ Delete			☒ Change ☐ Addition		
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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 			4-12-07 (727) 524-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date City/State/Phone #		