2004 FOR PROFIT CORPORATION

Apr 08, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # 263620** 04-08-2004 90035 023 ***150.00 1. Entity Name HIGH AND DRY MARINA, INC. Principal Place of Business Mailing Address 202 WINDWARD PASSAGE 202 WINDWARD PASSAGE CLEARWATER, FL 34630 CLEARWATER, FL 34630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04022004 Applied For City & State City & State 4. FEI Number 59-0979562 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMSTON, BRYCE G Street Address (P.O. Box Number is Not Acceptable) 2255 SPRING RAIN DRIVE CLEARWATER, FL 33763 City 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 he obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD TITLE Delete TITLE Change - Addition BOND ANN NAME SKINNER, WALLIS L. NAME 140 ROSEHIL DR.W. 480 PALM ISLAND SE STREET ADDRESS STREET ADDRESS Tallahassee, Fc. 32312 CITY - ST - ZIP CLEARWATER, FL CITY-ST-ZIP HILE 10 Delete THIEF D **Change** Addition HEYE, HANS F. NAME NAME STREET ADDRESS 611 DRUID RD. E. STREET ADDRESS CITY - \$1 - ZIP CLEARWATER, FL CHY-ST-ZIP Change Addition DILE Delete HILE CHARLES BARBER , SUITE B ARMSTON, BRYCE G. NAME NAME STREET ADDRESS 2255'SPRINGRAIN DR. STREET ADDRESS 33756 Cleanwater, FL. CITY - ST- 712 CLEARWATER, FL CITY-ST-7IP Addition Delete ☐ Change TITLE TITLE ARMSTON, CHASE NAME NAME STREET ADDRESS 756 MAGNOLIA DRIVE STREET ADDRESS CLEARWATER, FL CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MHOS carey NAME NAME 619 SNU9 ISLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED