## - 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2005 08:00 AM Secretary of State

954-946-1450 Daytime Phone 1

| DOCUMENT # 307781  1. Entity Name POMPANO BEACH MARINE CENTER, INC.  |  |  |                               |   | Secretary of State                        |
|--|--|--|-------------------------------|---|---|
| Principal Place of Busidess 701 SOUTH FEDERAL HIGHWAY 701 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062-5907   |  |  |                               | The second se |   |
|  |  | er e | <del></del>                   |   |   |
| DO NOT WRITE IN THIS SPACE   |  |  |                               | 04262005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For  |   |
|  |  |  |                               | 59-1147698 Not Applicable  5. Certificate of Status Desired Fee Required  |   |
| 6. Name and Address of Current Registered Agent  |  |  |                               |   | ree nequiisd                              |
| JOHNSON, JEROME A.<br>701 S. FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33062  |  |  | DO NOT WRITE<br>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  |  |  |                               |   | DATE                                      |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.   |  |  | ncing \$5.                    | .00 May Be<br>ed to Fees  | U00000359153<br>05/04/05-80143-024 150.00 |
| 10.  | OFFICERS AND DIRECT  | CTORS                                    | <b>-</b>                      |   |   |
| NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | JOHNSON, JEROME A.<br>2741 N.E. 11 STREET<br>POMPANO BEACH, FL |  |                               |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                               |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               | DO  | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               | IN .  | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                               |   |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                               |   |   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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. |  |  |                               |   |   |

Jeron A. Johnson