

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 338909**

1. Entity Name  
**DRY MARINAS, INC.**



Principal Place of Business  
**P O BOX 13052  
PORT EVERGLADES STATION  
FT. LAUDERDALE, FL 33316**

Mailing Address  
**P O BOX 13052  
PORT EVERGLADES STATION  
FT. LAUDERDALE, FL 33316**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1277434**

Applied For  
Not Applicable

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

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

**JARKESY, JOSEPH  
2060 NW 25TH ST  
BOCA RATON, FL 33431**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JARKESY, JOSEPH E  
STREET ADDRESS 2060 NW 25TH ST  
CITY-ST-ZIP BOCA RATON, FL 00000,

TITLE SD  
NAME JARKESY, THOMAS  
STREET ADDRESS 2733 NE 26TH TERR  
CITY-ST-ZIP FT LAUDERDALE, FL 00000,

TITLE D  
NAME JARKESY, LONNY  
STREET ADDRESS 2060 NW 25TH ST  
CITY-ST-ZIP BOCA RATON, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/09/04-80013-002 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/5/04**

Daytime Phone # \_\_\_\_\_