


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-03-2005 90043 009 ***150.00

DOCUMENT # 341232 1. Entity Name FLORIDA FLOATS, INC.	
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Principal Place of Business 1813 DENNIS ST. JACKSONVILLE, FL 32204 US	Mailing Address BELLINGHAM MARINE P.O. BOX 8 BELLINGHAM, WA 98227 US
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DO NOT WRITE IN THIS SPACE

66006577



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1230548	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAZILE, LEE V 1813 DENNIS STREET JACKSONVILLE, FL 32204

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENMAN, PHILLIP A 4906 DUCK CREEK LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MITCHELL J 1001 "C" ST. BELLINGHAM, WA 98225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUNNINGHAM, GEORGE 865 BRAESIDE ST. WEST VANCOUVER, CN V7L2K7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTANO, KOJI 1001 C ST. BELLINGHAM, WA 98227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABBITT, EVERETT 3205 EAGLERIDGE WAY BELLINGHAM, WA 98226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGER, MARION 343 POPLAR AVE. QUALICUM BEACH, CD V9K1J7

**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: Quia M. DeLia Tim M. DeVries 1/19/05 360-676-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Everett Babbitt Everett Babbitt 3/19/05 360-676-2800