# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2007 8:00 am**
**Secretary of State**

02-05-2007 90076 025 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # F02000004406

1. Entity Name
MARINA ACCESSORIES INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 C ST<br>BELLINGHAM, WA 98225 | P.O. BOX 8<br>BELLINGHAM, WA 98225 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1001 C Street | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bellingham WA | City & State |
| Zip: 98225 / Country | Zip / Country |

4. FEI Number: 91-1973362 — Applied For ☐ Not Applicable ☐

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GREENMAN, PAM<br>1813 DENNIS STREET<br>JACKSONVILLE, FL 32204 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (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, 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 | DP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | DEVRIES, TINA | NAME | |
| STREET ADDRESS | 1001 C ST | STREET ADDRESS | |
| CITY ST ZIP | BELLINGHAM, WA 98225 | CITY-ST-ZIP | |
| TITLE | SVD ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GREENMAN, PAMELA | NAME | |
| STREET ADDRESS | 4906 DUCK CREEK LANE | STREET ADDRESS | |
| CITY ST ZIP | PONTE VEDRA BEACH, FL 32082 | CITY-ST ZIP | |
| TITLE | D ☒ Delete | TITLE | D ☐ Change ☒ Addition |
| NAME | MURATA, MASARU | NAME | J. Everett Babbitt |
| STREET ADDRESS | 1001 C ST | STREET ADDRESS | 1001 C Street |
| CITY ST ZIP | BELLINGHAM, WA 98225 | CITY-ST-ZIP | Bellingham, WA 98225 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:** _____ Tina M. DeVries 2/1/07 360-676-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #