

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90269 005 ***150.00

DOCUMENT # F96000002630

1. Entity Name
BWH MARINA CORPORATION II



| | |
|---|---|
| Principal Place of Business 701 WESTERN AVE 2ND FLR. GLENDALE, CA 91201 | Mailing Address 701 WESTERN AVE 2ND FLR. GLENDALE, CA 91201 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business 23805 STUART RANCH RD. | 3. Mailing Address 23805 STUART RANCH RD. |
| Suite, Apt. #, etc. SUITE 220 | Suite, Apt. #, etc. SUITE 220 |
| City & State MALIBU, CA | City & State MALIBU, CA |
| Zip 90265 | Country U.S.A. |

04202004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 95-4516880 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

6. Name and Address of Current Registered Agent
**NRAI
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------|--|---|--------------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGHES, B. WAYNE | | NAME | HUGHES, B. WAYNE | |
| STREET ADDRESS | 701 WESTERN AVE. | | STREET ADDRESS | 23805 STUART RANCH RD, STE 220 | |
| CITY-ST-ZIP | GLENDALE, CA 91201 | | CITY-ST-ZIP | MALIBU, CA 90265 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERTS, MICHELE | | NAME | HUGHES, JR, B. WAYNE | |
| STREET ADDRESS | 701 WESTERN AVE. | | STREET ADDRESS | 23805 STUART RANCH RD, STE 220 | |
| CITY-ST-ZIP | GLENDALE, CA 91201 | | CITY-ST-ZIP | MALIBU, CA 90265 | |
| TITLE | VSCF | <input type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SINGELYN, DAVID | | NAME | GUSTAVSON, TAMARA H. | |
| STREET ADDRESS | 701 WESTERN AVE. | | STREET ADDRESS | 23805 STUART RANCH RD, STE 220 | |
| CITY-ST-ZIP | GLENDALE, CA 91201 | | CITY-ST-ZIP | MALIBU, CA 90265 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAVNER, JR, RONALD | | NAME | SINGELYN, DAVID P. | |
| STREET ADDRESS | 701 WESTERN AVE. | | STREET ADDRESS | 23805 STUART RANCH RD, STE 220 | |
| CITY-ST-ZIP | GLENDALE, CA 91201 | | CITY-ST-ZIP | MALIBU, CA 90265 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | V/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCOTT, A. TIMOTHY | | NAME | HUNING, RAYMOND F. | |
| STREET ADDRESS | 701 WESTERN AVE | | STREET ADDRESS | 23805 STUART RANCH RD, STE 220 | |
| CITY-ST-ZIP | GLENDALE, CA 912014 | | CITY-ST-ZIP | MALIBU, CA 90265 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | V/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | CHAN, VINCENT R. | |
| STREET ADDRESS | | | STREET ADDRESS | 23805 STUART RANCH RD, STE 220 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MALIBU, CA 90265 | |

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: Raymond F. Huning 4-27-04 310 317-1443 ext 106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #