## FILED Jan 28, 2008 08:00 A Secretary of State 2008 FOR PROFIT-CORPORATION ANNUAL REPORT DOCUMENT # H11579 ATHE DO

1. Entity Name CROSS CITY MARINE, INC.				Secretary of St			
Principal Plac P. O. BOX 15 CROSS CITY,		Mailing Address P. O. BOX 1590 CROSS CITY, FL 32628			I MPRI 11891 BJUJ 1988J 181		1(2)  B1B1(B2)    (E9)
D	O NOT WRITE	IN THIS SPA	CE	01252008 4. FEI Number 59-230	No Chg-P	CR2E034 (1	,
		and the second		5. Certificate	of Status Desired	□ \$8.7 Fee Re	5 Additional equired
91 162 9	6. Name and Address of Current Re ON, RAY A SE AVENUE ITY, FL 32628	gistered Agant	The party that		NOT W	.1.1	
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	red agent, or bot	th, in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	utle if applicable. (NOTE: Register	ed Agent signature required	d when reinstating)		- DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fine Trust Fund Contribution.		.00 May Be led to Fees	U00000	803442 80375=009	150 00
10.	OFFICERS AND DIF	RECTORS	11 114 8	4 ) 1 3 4 5	- UZ, U3, U3-	* *	L-13U-UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MIDDLETON, RAY A PO BOX 1590 CROSS CITY, FL 32628				To the state of th		the second of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, H				p. Sec.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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TITLE NAME STREET ADDRESS CITY-S1-ZIP			Signal Call	the second	Maria Maria		The second second second
12. I hereby of indicated of the cor	Certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	ie and accurate and that my signs ared to execute this report as requ	iture shall have the	same legal effec	, Florida Statutes. I	further certify that	officer or director