## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # H56067

1. Entity Name

JOLLY ROGER MARINA OF CLEWISTON, INC.



FILED Feb 14, 2008 08:00 Al Secretary of State

Maning Address   Maning						Dwe						
Substance	1095 E. SUGARLAND HIGHWAY SUITE 300		1095 SUITI	1095 E. SUGARLAND HIGHWAY SUITE 300								
City & State   City & State   City & State   City & State   A. FET Number   59-2529006   Repetited   Reptited   Repetited   Reptt   Repetited   Repetited   Repetited   Reptt	2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Ze	Suite, Apt.	#, etc	Suit	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
Country   Country   Zo	City & Stat	е	Спу	City & State			4. FE: Number 59-2529006					
Commonwork   Com	Zıp	Country Zip Cour			Country		5 Certificate of Status Desired S8.75 Additional					
Name		6 Name and Address	of Current Benisters	Penistered Agent			·					
120 SOUTH W.C. OWEN AVENUE   Street Address (P.O. Box Number is Not Address able)		u. Name and Address	oi cairein negistere	o Agent	None		7. Name and Address of New Negistered Agent					
120 SOUTH W.C. OWEN AVENUE   City						TVAFFIC						
B. The above named antire summs tries statement for the purpose of changing is registered agent, or color, in the State of Ferrida. I am lamiliar with, and accept the cologisations of registered agent.    Signature	120 SOUTH W.C. OWEN AVENUE				Stree	Street Address (P.O. Box Number is Not Acceptable)						
S. The above named entire submits his statement for the purpose of changing its registered agent, or corn, in the State of Florida. I am familiar with, and accept the cord gallons of registered agent.    Signature   Substitute   Substitute					City					Zm Cod		
SIGNATURE					J.,				FL	2,5000	Ĭ	
File Now	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the colligations of registered agent.											
After May 1, 2008 Fee Will Be \$550.00   Make Check Payable to Florida Department of State												
THE   NAME   N	After May 1, 2008 Fee Will Be \$550.00								,			
THE   NAME   STREET ADDRESS   STREET A	10.	OFFI	CERS AND DIRECTO	RS	111		ADDITIONS	CHANGES TO O	FEICERS AND	DIRECTOR	S INL 11	
NAME SIRRET ADDRESS OTY-ST-ZIP  WILLIAM, S BRETT R, 606 AVENIDA DEL RIO CLEWISTON FL 33440  DVPS WILLIAMS, SUE 745 E AVENIDA DEL RIO CLEWISTON FL 33440  TILE NAME SIRRET ADDRESS OTY-ST-ZIP  OD-este NAME STREET ADDRESS OTY-ST-ZIP  TILE STREET ADDRESS OTY-ST-ZIP STREET ADDRESS OTY		r	SELIO AND DIRECTO	·····	· · · · · · · · · · · · · · · · · · ·	1	ADDITIONS	OVOLVAINOLO TO O		·		
STREET ADDRESS   OLEWISTON FL 33440   OLEWISTON FL 3440				LJ Derete	1					L. Change	Addition	
DVPS   Deele   MADE NAME   VILLIAMS, SUE   STREFT ADDRESS   CITY-ST-2P   CLEWISTON FL 33440   Deele   NAME STREFT ADDRESS   CITY-ST-2P   CLEWISTON FL 33440   Deele   NAME   STREFT ADDRESS   CITY-ST-2P    ITILE   Deele   Deele   NAME   STREFT ADDRESS   CITY-ST-2P    ITILE   Deele   NAME   STREFT ADDRESS   CITY-ST-2P    ITILE   Deele   NAME   STREFT ADDRESS   CITY-ST-2P    ITILE   NAME   STREFT ADDRESS   CITY-ST-2P    ITILE   Deele   NAME   STREFT ADDRESS   CITY-ST-2P    ITILE   STREFT ADDRESS		· ·			NAME			Honon	0927564			
DVPS   Deele   MADE STREET ADDRESS   CITY-ST-2P   TITLE   CLEWISTON FL 33440   Deele   MADE STREET ADDRESS   CITY-ST-2P   TITLE   CLEWISTON FL 33440   Deele   MADE STREET ADDRESS   CITY-ST-2P   TITLE   CLEWISTON FL 33440   Deele   MADE STREET ADDRESS   CITY-ST-2P   TITLE   CLEWISTON FL 33440   Deele   MADE STREET ADDRESS   CITY-ST-2P   TITLE   CHange   Addition   MAME   STREET ADDRESS   CITY-ST-2P   TITLE   MAME   STREET ADDRESS   MADE STREET ADDRESS	STREET ADDRESS				STREET ADDRESS		0770000021364 07721709400044010 160 no					
NAME STREET ADDRESS CITY-SI-2IP CLEWISTON FL 33440 CITY-SI-2IP TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE N	CITY ST-ZIP	CLEWISTON FL 33440			CITY-ST-ZIP			Saldan A. Salda S. Salda	COUNT O	والبالب المال	, UC1	
NAME STRET ADDRESS CITY- ST-ZIP TILE NAME STREET ADDRESS CITY- ST-ZIP	TITLE	DVPS		☐ De:ete	TITLE	***************************************				☐ Change	☐ Addition	
STREET ADDRESS   CITY-SI-ZIP	NAME	WILLIAMS, SUE		/	NAME							
ITILE NAME STREET ADDRESS CITY-S1-ZIP	STREET ADDRESS	745 E AVENIDA DEL RIC	)		STREET ADDRES	S						
NAME STREET ADDRESS CITY-S1-ZIP  INLE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME STREET ADDRESS CITY-S1-ZIP	CITY-SI-ZIP	CLEWISTON FL 33440			CITY+ST-ZIP							
NAME STREET ADDRESS CITY-S1-ZIP  INLE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME SIREET ADDRESS CITY-S1-ZIP  INLE NAME STREET ADDRESS CITY-S1-ZIP	TIT: S	···		□ D. etc	1101.5					Change	[7] Auditon	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ De-eie						L_1 Grange	L] AUGRION	
CITY-ST-ZIP		•	•	40 ***							ļ	
TITLE						<b>1</b>						
NAME SIRECT ADDRESS CITY-ST-ZIP  TITLE NAME STREED ADDRESS CITY-S1-ZIP  TITLE NAME STREED ADDRESS CITY-S1-ZIP  TITLE TIT						+						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREED ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				∟i De′ete	1					L Change	☐ Addition	
CITY-ST-ZIP  FITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE OPERIN TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-S1-ZIP						S						
NAME STREET ADDRESS CITY-SI-ZIP TITLE TITL	GHY-SI-ZIP			*****	CITY- ST-ZIP							
STREET ADDRESS   STRE	TITLE			De ele	THEE					☐ Change	Addition	
CITY-SI-ZIP         CITY-SI-ZIP           TITLE         TILLE         TILLE         Change Addition           NAME         NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP	NAME				NAME							
TITLE					STREET ADDRES	3						
NAME STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP	CITY-SI-ZIP				CHY-S1-2IP							
NAME STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP	TITLE			☐ De elo	TITLE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP												
CITY+ST-ZIP CITY+ST ZIP	STREET ADDRESS				1	3						
	CITY - ST - ZIP				1							
	12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information											

The laby certify that the information supplied with this fling does not quality for the exemptions contained in Section 119, Fighta Statutes 1 further certify that the information indicated on this report or suppliemental 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: 스

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Day ne Phore #