2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 09, 2006 08:00 AM Secretary of State DOCUMENT # K99900 1. Entity Name CLEARWATER FERRY SERVICE, INC. Mailing Address Principal Place of Business. 200 SEMINOLE ST CLEARWATER FL 33755 US 25 CAUSEWAY BLVD SLIP #5 CLEARWATER FL 33767 2. Principal Place of Business Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2959047 Not Applicat Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDERSON, PHIL M. Street Address (P.D. Box Number is Not Acceptable) 1135 VICTORIA DR #6 **DUNEDIN FL 34698** City 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 access the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistating) CATE FILE NOW!!! FEE IS \$150.00. 8. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 to. 11. Addition Addition TITLE Defete THE Change NAME HENDERSON, PHIL M MAASS U00000460955 STREET ADDRESS STREET ADDRESS 1135 VICTORIA DR #6 03/20/06-80030-023 150.00 CUTY-ST-ZEP **DUNEDIN FL 34698** CITY-ST-ZIP THILE Delete HILE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY - ST- ZIP ☐ Change T Addish Delete TITLE THEE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defefe TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THEE Delete TITLE Additio MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Change ☐ Additio THE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIE 12. I hereby 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 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 eath, 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 d changed, or on an attachagent with an audirest, with all other like empowered.

FILED

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