2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # L01580 1. Entity Name 03-09-2004 90005 025 ***150.00 DRY DOCK CAFE, INC. Principal Place of Business Mailing Address % RICHARD EDGAR TEEPLE 250 S FEDERAL HWY DEERFIELD BEACH FL 33441 % RICHARD EDGAR TEEPLE 250 S FEDERAL HWY DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 400 N FEDERAL 400 N FEDERAL Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) # 112 Applied For City & State City & State 4. FEI Number 65-0162461 DEERFIELD BCH DEERFIELD BCH Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EEPLE KICHARD - LOGAR -TEEPLE, RICHARD EDGAR Street Address (P.O. Box Number is Not Acceptable) 250 S FEDERAL HWY DEERFIELD BEACH FL 33441 400 N FEDERAL HWY #112 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 10. 11. ☐ Delete ☐ Addition TITLE D TITLE TEEPLE RICHARD EDGAR TEEPLE, RICHARD EDGAR NAME NAME #112 400 N FEDERAL HWY 250 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP 33441 DEERFTELD BCH FL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED