## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 26, 2006 08:00 AM DOCUMENT # L32396 **Secretary of State** t. Entity Name DAY BREAK MARINA, INC. Principal Place of Business Mailing Address 811 SOUTH R STREET PENSACOLA FL 32501 811 SOUTH R STREET PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2979163 Not Application Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, MARK C Street Address (P.O. Box Number is Not Acceptable) 6550 TÉRRASANTA PENSACOLA FL 32504 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 accept the obligations of registered agent. U00000402325 <u>02/03/06-80003-017\_150\_00</u> SIGNATURE (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change A.k.ii... ☐ Delete DILE THE ADAMS, MARK C NAME NAME STREET ADDRESS 6550 TERRASANTA STREET ADDRESS PENSACOLA FL 32504 GITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME ADAMS, KAREN P STREET ADDRESS 6550 TERRASANTA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE ☐ Change ☐ Additi ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition Delete TITLE NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY - ST - ZIP ☐ Change Addition Oelete TITLE ! TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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** 

850-434-902