

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33756

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: THE DRY DOCK CENTER, INC.

## Current Principal Place of Business:

1733 US ALT. 19 SOUTH  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

## Current Mailing Address:

1733 US ALT 19 SOUTH  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

PO BOX 1197  
TARPON SPRINGS, FL 34688 US

FEI Number: 59-2968953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMENT, MAUREEN R  
1571 MARY LANE  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: GETTINO, NICK  
Address: 485 TIMBER LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: TREA ( ) Delete  
Name: CLEMENT, MAUREEN  
Address: 1571 MARY LANE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete  
Name: VAN NOTE, JEANE  
Address: 200 MERES BLVD. #10  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SEC ( ) Delete  
Name: JONES, SYLVIA  
Address: 3742 MOOG RD  
City-St-Zip: HOLIDAY, FL 34691

Title: TR ( ) Delete  
Name: JONES, TIMOTHY  
Address: 3742 MOOG RD  
City-St-Zip: HOLIDAY, FL 34691

Title: TR ( ) Delete  
Name: GOELTZENLEUCHTER, LOUIS  
Address: 253 WHISPER LAKE RD  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: SHEVLIN, JOHN  
Address: 1718 STABLE TRAIL  
City-St-Zip: PALM HARBOR, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN R. CLEMENT

TREA

01/13/2008

Electronic Signature of Signing Officer or Director

Date