2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N33756

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:

PO BOX 1197
TARPON SPRINGS, FL 34688 US

New Mailing Address:

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: SHEVLIN, JOHN
Address: 1718 STABLE TRAIL
City-St-Zip: PALM HARBOR, FL

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

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 01/11/2009
Electronic Signature of Signing Officer or Director — Date