2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 06, 2006 08:00 AM DOCUMENT # P00000084522 **Secretary of State** 1. Entity Name FLORIDA MARINE & RESORT DEVELOPERS, INC. Principal Place of Business Mailing Address 2550 PERMIT PLACE 2550 PERMIT PLACE NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655 2. Principal Ptage of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3672894 Not Applicat Zìp Country 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 HARRILL, JAMES B Street Address (P.O. Box Number is Not Acceptable) 2550 PERMIT PLACE NEW PORT RICHEY FL 34655 City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE. Signature, typed or (NOTE Registered Agent signature required when reinstating) ion name of registered agent and t 🐧 it applicable DASE FILE NOW!!! PEE IS \$150.00 9. Election Campaign Financing \$5.00 May @ 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 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TIFLE ☐ Change Adijiii NAME HARRILL, DONALD L NAME STREET ADURESS 9805 WILLOWS ROAD STREET ADDRESS ENTY-ST-ZIP REDMOND WA 98052 CITY-ST-ZIP TITLE VD. Delete 31715 U00000421889 ☐ Change ☐ Addition 02/16/06-80056-012 150.00 FIGURSKI, GERALD A NAME STREET ADDRESS 12550 PERMIT PLACE STREET ADDRESS City-SI-ZIP NEW PORT RICHEY FL 34655 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Md^{**} NAME HARRILL, JAMES B NAME STREET ADDRESS STREET ADDRESS 2550 PERMIT PLACE CITY-ST-ZIP EITY-SI-ZIP NEW PORT RICHEY FL 34655 TITLE ☐ Delete BILE Chappe T Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete 3334 Change ☐ Add%: NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-21P 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