2006 FOR PROFIT CORPORATION ANNUAL REPORT

CATY-ST-ZIP

Feb 14, 2006 08:00 AM **DOCUMENT # P02000017272 Secretary of State** RICHARD'S MARINA & MOBILE REPAIR, INC. Principal Place of Business Mailing Address 204 ROSE STREET 204 ROSE STREET NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903 No Chg-P CR2E034 (11/05) 01272006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0466278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRYANT, RICHARD Q DO NOT WRITE 204 ROSE STREET WEST PALM BEACH, FL 33403 IN THIS SPACE 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, typed or printed name of registered agent and file if applicable INOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing UNDO0433685 02/24/06-80029-001 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. nite BRYANT, RICHARD MAME STREET ADDRESS 204 ROSE STREET NORTH FORT MYERS, FL 33903 CHY-ST-ZIP TIFLE BRYANT, DEBRA NAME STREET ADDRESS 204 ROSE STREET NORTH FORT MYERS, FL 33903 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED