## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 8:00 am Secretary of State

| ANNUA  | ANNUAL REPORT                           |                                    |                                |                  | Secretary of State                     |                           |  |  |
|--|---|------------------------------------|--------------------------------|------------------|--|---------------------------|--|--|
| DOCUMENT # P02000027178  |   |                                    | 04-18-2005 90563 029 ***150.00 |                  |  |                           |  |  |
| AMF MARINA SERVICES, INC.  |   |                                    |                                |                  |  |                           |  |  |
| Principal Place of Business  | Mailing Address                         | COO WE THE                         | 290352                         | 22               |  |                           |  |  |
| 4139 SHOAL LINE BOULEVARD 321 WATERFORD CIR.<br>HERNANDO BEACH, FL 34607 TARPON SPRINGS, FL  |   |                                    | #5000#                         | 10 PT.           |  |                           |  |  |
| `  |   |                                    |                                |                  | AUL 90400 1000 1000 1400 1400 1000 100 |                           |  |  |
| 2. Principal Place of Business 4139 SHOAL LINE BUILD 3. Mailing Address 321 WATELFOR   |   | O CIRC E                           |                                |                  |  |                           |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                                    | 03152005<br>4. FEI Number      | Chg-P            | CR2E034 (10/03)                        |                           |  |  |
| City & State Fernando BEACH 7  | 17/10/07/0                              | TARPON SPRINGS Th                  |                                | 278              | <del> </del>                           | plied For<br>t Applicable |  |  |
| Zip Country 34687 .  | 34688                                   | Country                            | 5. Certificate of              | Status Desired   | S8.75 Add Fee Required                 |                           |  |  |
| 6. Name and Address of Current Registered Agent Name   |   |                                    |                                | ddress of New    | Registered Agent                       | · · ·                     |  |  |
| 371 Waterson Civele East   |   |                                    | (P.O. Box Number               | is Not Acceptab  | ole)                                   |                           |  |  |
| Joseph Ambrose 321 Watergood/Civale East Tarpon Spring 8.72 34688.   |   |                                    |                                |                  |  |                           |  |  |
| The state of the s |   | City                               | ·                              |                  | FL Zip Cod                             | e                         |  |  |
| 8. The above named entity submits this statement for the purpose opchanging 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 X) 4/10/05.  |   |                                    |                                |                  |  |                           |  |  |
| Signature: Ipad or printed name of registered ac   | ent and title if applicable. (NOTE:     | Registered Agent signature require | ad when reinstating)           |                  | DATE                                   |                           |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$55  | 9. Election Campaig  Trust Fund Contrit |                                    | 0.00 May Be<br>ded to Fees     |                  |  | •                         |  |  |
|  | ND DIRECTORS                            | 11.                                | ADDITIONS/CI                   | HANGES TO OF     | FICERS AND DIRECTOR                    | S IN 11                   |  |  |
| TITLE PVPS   | ☐ Delete                                | -TITLE<br>NAME                     |                                | ,                | ☐ Change                               | ☐ Addition                |  |  |
| NAME AMBROSE, JOSEPH F STREET ADDRESS 321 WATERFORD CIR. E   | <b>∤</b> .                              |                                    |                                |                  |  |                           |  |  |
| CITY-ST-ZIP TARPON SPRINGS, FL 34688   |   | STREET ADDRESS<br>CITY-ST-ZIP      |                                |                  |  | ,                         |  |  |
| TITLE T NAME AMBROSE, JOSEPH   | ☐ Delete                                | TITLE NAME                         |                                |                  | ☐ Change                               | Addition                  |  |  |
| STREET ADDRESS 321 WATERFORD CIR. E  |   | STREET ADDRESS                     |                                |                  | <u></u>                                | !                         |  |  |
| TARPON SPRINGS, FL 3468  | B Delete                                | CITY-ST-ZIP                        |                                |                  | Change                                 | Addition                  |  |  |
| NAME   |   | NAME                               |                                |                  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                           |  |  |
| STREET ADDRESS  CITY-ST-ZIP  |   | STREET ADDRESS<br>CITY-ST-ZIP      |                                |                  |  |                           |  |  |
| TITLE NAME   | ☐ Delete                                | TITLE                              |                                |                  | Change                                 | ☐ Addition                |  |  |
| STREET ADDRESS   |   | NAME<br>STREET ADDRESS             |                                |                  |  |                           |  |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP                        |                                |                  |  |                           |  |  |
| TITLE NAME   | ☐ Delete                                | TITLE<br>NAME                      | •                              |                  | ☐ Change                               | Addition                  |  |  |
| STREET ADDRESS CITY-ST-ZIP   |   | STREET ADDRESS<br>CITY-ST-ZIP      |                                | ,                |  |                           |  |  |
| TIPLE  | ☐ Delete                                | TITLE                              |                                |                  | ☐ Change                               | Addition                  |  |  |
| NAME<br>STREET ADDRESS   |   | NAME<br>STREET ADDRESS             |                                |                  |  |                           |  |  |
| CITY-ST-ZIP  |   | CITY-ST-ZIP                        |                                |                  | . <b>9</b> .                           |                           |  |  |
| 12. I hereby certify that the information supplied :   | vith this filing does not qualify for t | the exemption stated in S          | Section 119.07(3)(i).          | Florida Statutes | 3. I further certify that the I        | nformation                |  |  |

12. I hereby certify that the information expelled with this Hilling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is supplemental eport 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 received introduced by 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05

Daytime Phone #