2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # P02000039215 1. Entity Name 01-28-2005 90029 018 ***150.00 KENNEDY BROTHERS MARINE CORP. Principal Place of Business Mailing Address 5100 BANANA POINT DRIVE 5100 BANANA POINT DRIVE 200707003 OKAHUMPKA FL 34762 OKAHUMPKA FL 34762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 02-0583044 Not Applicable 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 **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE TITLE ☐ Delete ☐ Change Addition KENNEDY, ALAN NAME NAME 5100 BANANA POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKAHUMPKA FL 34762 CITY-ST-ZIP BILLE D ☐ Defete THE Change Addition KENNEDY, EDWARD NAME NAME STREET ADDRESS 1864 WINDWARD COURT STREET ADDRESS HENDERSON NV 89012 CITY-ST-ZIP CITY-ST-ZIP RENNEDY, Scott 545 N. Country Club ROAD LAKE MARY, FL 32746 TITLE TITLE Change ☐ Addition ☐ Delete NAME KENNEDY, SCOTT NAME STREET ADDRESS STREET ADDRESS 8808 SPICEBRUSH DRIVE CITY-ST-ZIP CITY-ST-ZIP AUSTIN TX 78759 ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

FILED

352-323-0697