2005 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90574 029 ***150.00 DOCUMENT # P02000051606 ANCHORAGE YACHT BASIN, INC. Mailing Address Principal Place of Business 96 E. EAU GALLIE CAUSEWAY 96 E. EAU GALLIE CAUSEWAY MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03282005 Chg-P Applied For City & State City & State 4. FEI Number **APPLIED FOR** Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENUTI, LOUIS Street Address (P.O. Box Number is Not Acceptable) 400 ORANGE STREET TITUSVILLE, FL 32796 City 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. Lam familiar with, and accept SIGNATURE Operating, (succeeds a visid distribution of registered agent and title if applicable eNOTE, Registered Agent signature required when reinstatings ()AIF \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE HAME NELSON, EDWARD G HAME 3425 GARDEN STREET 419 NORTH WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS TITUSVILLE, FL 3 x796 CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-ZIP SD Shange Addition TITLE Delete 100 £ NELSON, FLORENCE P NAME 3425 GARDEN STREET NAME STREET ADDRESS 419 NORTH WASHINGTON AVENUE STREET ANDRESS TITUSVILLE, FL 32796 CITY-ST-7IP CITY-ST-7P TITLE ☐ Defete TITLE Change ■ Addition MANE DAMS STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE DRE HAME NAME STREET ADORESS STREET ADDRESS CITY - S1 - ZIP CRY-ST-ZIP Delete Change ■ Addition TITLE TITLE HAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 or suppliemental 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.

CITY-ST-ZIP

TITLE

DIAME STREET ADDRESS

TIME

MARKE

STREET AUDRESS

Delete

Change

Addition

FILED