2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P02000072759

Entity Name: MORELAND MARINE DEVELOPMENT CORPORATION OF HOLMES BEACH

Current Principal Place of Business:

13625 N. FLORIDA AVE.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13625 N FLORIDA AVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 16-1619249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, KEN
701 BAYSHORE BLVD.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAIRIGH, RAYMOND L
Address: 13625 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33613

Title: DVTS ( ) Delete
Name: WARD, KEN
Address: 701 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: ROSEMAN, RONALD L
Address: P.O. BOX 151285
City-St-Zip: TAMPA, FL 33684

Title: D ( ) Delete
Name: QUARTERMAIN, BRIAN
Address: 609 N. POINT DR
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND L RAIRIGH PD 01/15/2009

Electronic Signature of Signing Officer or Director Date