2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 24, 2004 8:00 am Secretary of State **DOCUMENT # P03000100916** 07-29-2004 90014 029 ***550.00 1. Entity Name RICK TURMEL'S MARINE PERFORMANCE, INC. Principal Place of Business Mailing Address 66432521 222 SW 5 COURT POMPANO BEACH FL 33060 222 SW 5 COURT POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) Number 31 City & State City & State Applied For Not Applicable Zip 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 TURMEL, RICHARD Street Address (P.O. Box Number is Not Acceptable) **222 SW 5 COURT** POMPANO BÉACH FL 33060 Zip Code 8. The above named entity summits this statement forme 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 rea SIGNATURE (NOTE: Registered Agent signature required when reins FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Delete TITLE Addition NAME TURMEL, RICHARD NAME STREET ADDRESS 222 SW 5 COURT STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HALAF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP -TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP ☐ Addition ☐ Delete TITL F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby 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 indicated on this report or supplemental report is tree and total 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 treetee employed 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 a degrees, with all other like employered. SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED