2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-22-2007 90010 036 ***150.00 DOCUMENT # P03000123532 RECREATIONAL MARINE SERVICE, INC. Principal Place of Business Mailing Address 40022739 131 COMMERCE DR N 4 PINE VISTA DRIVE LARGO, FL 33770 US LARGO, FL 33770 US 2. Principal Place of Business - No P.O, Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) Applied For 4 FELNumber Ciny & State City & State ara 52-2413596 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 BOOTH, MARK W Street Address (P.O. Box Number is Not Acceptable) 4 PINE VISTA DRIVE LARGO, FL 33770 Zip Code City 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 tale il applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition BOOTH, MARK W MAME NAME STREET ADDRESS 4 PINE VISTA DRIVE STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP LARGO, FL 33770 SEC ☐ Addition THE ☐ Delete mus ☐ Change BOOTH, MARK W NAME HAME 4 PINE VISTA DRIVE STREET ADDRESS STREET ADDRESS LARGO, FL 33770 CITY-ST ZIP CITY - ST - ZiP TITLE 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 CHY ST ZIP CITY ST ZIP MILE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CiTY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

MARK W BOUTH

FILED Feb 22, 2007 8:00 am

727-743-6520

02.12.17