2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000102387** 05-25-2005 90001 016 ***150.00 FISHBOWL MARINA, INC. Principal Place of Business Mailing Address 217 SUNSET LANE 217 SUNSET LANE PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05162005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For ZO-1366083 Not Applicable Country Zip Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIDLEY, KATHY L Street Address (P.O. Box Number is Not Acceptable) 217 SUNSET LANE PANAMA CITY BEACH, FL 32407 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME RIDLEY, KATHY L STREET ADDRESS 217 SUNSET LANE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP TITI F ☐ Delete TITLE □ Change Addition LAIRD, HARRY A III NAME NAME 217 SUNSET LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME FAIRCLOTH, CHARLES STREET ADDRESS 460 HARRISON AVE. STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete Change Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

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changed, or on an attachment with an address, with all other like empowered Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

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 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