## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 31, 2008 08:00 Al Secretary of State DOCUMENT # P04000152137 1. Entity Name JEFFS DOCK & DECK SERVICES INC. Principal Place of Business Mailing Address 1930 NW 1ST AVE 1930 NW 1ST AVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 20-1855780 Not Applicable Ζip Country Ζp 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 CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or crimted name of registered agent and tills if simplication DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE Change Addition ERICKSON, JEFFERY MAME NAME STREET ADDRESS 1930 NW 1ST AVE STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33060 CITY-ST-ZIP TITLE ☐ Dalete TITLE Change ■ Addition 00000080808026 NAME NAME 02/07/08-80032-001 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ITTLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-2IP THUE Dolete Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED PAGE OF DIRECTOR OF DIRECTO

CITY-ST-719