2008 FOR PROFIT CORPORATION

FILED Jan 31, 2008 8:00 am Secretary of State

01-31-2008 90027 018 ***150 00

ANNUAL REPORT

DOCUMENT # P04000161530 COASTAL MARINE OF NORTHEAST FLORIDA, INC. Principal Place of Business Mailing Address 960 BUNKER AVENUE 960 BUNKER AVENUE GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 20-1997142 Not Applicable Country 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 Name JONES, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 501 W. BAY STREET JACKSONVILLE, FL 32202 Zip Code Fi 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Change ☐ Defete TITLE SMITH, AARON JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 960 BUNKER AVENUE CITY-ST-7IP CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 ☐ Change Addition Delete TITLE TITLE SMITH, AARON JOSEPH JR. NAME STREET ADDRESS 960 BUNKER AVENUE STREET ADDRESS CITY -ST-7IP GREEN COVE SPRINGS, FL 32043 CITY ST-71P ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NARAF STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 for itustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachme JOSEPH SMITH 1-22.08 SIGNATURE: Daytime Phone #