

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 018 ***150.00

DOCUMENT # P95000019964

1. Entity Name

CEDAR KEY MARINA HARDWARE, INC.



Principal Place of Business

12350 GULF BLVD
CEDAR KEY FL 32625
US

Mailing Address

P.O. BOX 239
CEDAR KEY FL 32625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-3311494**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Clendenin
~~WATSON~~ BESS B
12350 GULF BLVD.
CEDAR KEY FL 32625

Name
Bess B. Watson to Clendenin (see Att'd marriage cert.)
Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME *Clendenin* ☐ Delete
STREET ADDRESS ~~WATSON~~ BESSIE B
CITY-ST-ZIP 12350 GULF BLVD
CEDAR KEY FL

TITLE
NAME *President* ☒ Change ☐ Addition
STREET ADDRESS *Bess B. Clendenin*
CITY-ST-ZIP *see att'd marriage cert.*

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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.

SIGNATURE: *Bessie B. Clendenin* Bess B. Clendenin, Pres 2/20/04 352-543-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CERTIFIED TRUE COPY
DANNY J. SHIPP, CLERK
1-15-03

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Attachment
P95000019964
44012506

(STATE FILE NUMBER)

FILE# 412415
Levy County, FLORIDA

RCD Sep 09 2003 09:40
Danny J. Shipp..., CLERK

2003-162

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) PATRICK B CLENDENIN			2. DATE OF BIRTH (Month, Day, Year) 11-9-1943		
3a. RESIDENCE - CITY, TOWN, OR LOCATION P.O. BOX 239 CEDAR KEY 32625		3b. COUNTY LEVY	3c. STATE FL		4. BIRTHPLACE (State or Foreign Country) FL
5a. BRIDE'S NAME (First, Middle, Last) BESSIE BRACK WATSON			5b. MAIDEN SURNAME (If different) BRACK		6. DATE OF BIRTH (Month, Day, Year) FL
7a. RESIDENCE - CITY, TOWN, OR LOCATION P.O. BOX 239 CEDAR KEY 32625		7b. COUNTY LEVY	7c. STATE FL		8. BIRTHPLACE (State or Foreign Country) FL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

Patrick Clendenin

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

8-11-2003

11. TITLE OF OFFICIAL

DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Use black ink)

T. Melinda Bass

13. SIGNATURE OF BRIDE (Sign full name using black ink)

Bessie B. Watson

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

8-11-2003

15. TITLE OF OFFICIAL

DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Use black ink)

T. Melinda Bass

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE LEVY	18. DATE LICENSE ISSUED 8-11-2003	18a. DATE LICENSE EFFECTIVE 8-14-2003	19. EXPIRATION DATE 10-11-2003
20a. SIGNATURE OF COURT CLERK OR JUDGE DANNY J. SHIPP		20b. TITLE CLERK OF COURT	20c. BY D.C. <i>D.J. Shipp</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) SEPT. 6, 2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE CEDAR KEY, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Richard J. Burns Jr.</i>		23c. ADDRESS (Of person performing ceremony) P.O. BOX 210 - CEDAR KEY, FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) RICHARD J. BURNS JR. VICAR - CHRIST EPISCOPAL CHURCH		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>R. J. Burns Jr.</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>R. J. Burns Jr.</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER	27. RACE W	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 8/1990
	30. SOCIAL SECURITY NUMBER	31. RACE W	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 4	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 8-1997