DOCUMENT # P95000035172 **FILED** SALT SPRINGS RUN MARINA & LANDING, INC. Mar 07, 2007 08:00 AM Secretary of State Principal Place of Business Mailing Address 25711 NORTH EAST 134TH PLACE 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134 SALT SPRINGS FL 32134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3316283 Not Applicable Zip Country Zio 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 Namo DONES, DONALD J JR. Street Address (P.O. Box Number is Not Acceptable) 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134 City Zip Code 8. The above named ontity 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 it applicable (NOTE: Registered Againt signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST nm: Addition Delete DITE ☐ Change DONES, DONALD J JR NAMI NAME 25711 NORTH EAST 134TH PLACE STREET ADDRESS STREET ADDRESS SALT SPRINGS FL CITY-ST-7IP CHY-SI-7IP 111LE Defete ☐ Change ☐ Addition 11111 DONES, DONALD J JR NAMI' U00000858789 25711 NORTH EAST 134TH PLACE 03/16/07-80003-008 150.00 STREET ADORESS STREET ADDRESS CHY-S1-ZIP SALT SPRINGS FL CHY-SI-7P 11111 Change Delete DITE Addition NAML NAME STREET ADDRESS STRUET ADDRESS CHY-SI-ZIP CHY-ST-ZIP BIII. Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP

12. I horoby cortify 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 logal effect as if made under eath, 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 applicable, with all other like empowered

THUE

NAME.

10111

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CHY-SI-7IP

SIGNATURE:

11111

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

CHY-S1-ZIP

CHY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

3/5/0-

352-685-752

☐ Change

Change

Addition

Addition