


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90262 015 ***150.00

DOCUMENT # P95000038848	
1. Entity Name LARRY'S MARINE CENTER, INC.	

Principal Place of Business 3826 HIGHWAY 441 SE OKEECHOBEE FL 34974	Mailing Address 3826 HIGHWAY 441 SE OKEECHOBEE FL 34974
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2. Principal Place of Business 3169 Hwy. 441 SE Suite, Apt. #, etc. Okeechobee, FL	3. Mailing Address P.O. BOX 3170 Suite, Apt. #, etc. Okeechobee, FL
City & State	City & State



1st MOORE CR2E034 (10/04)

Zip 34974	Country USA	Zip 34973	Country USA
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4. FEI Number 65-0587810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDSON, LARRY E 3826 HIGHWAY 441 SE OKEECHOBEE FL 34974	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3115 SE 26 Street Okeechobee City FL Zip Code 34974
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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 Larry E. Richardson Larry E. Richardson DATE 4-10-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, LARRY E 104 NE 11TH STREET OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3115 SE 26 Street Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, LINDA L 104 NE 11TH STREET OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3115 SE 26 Street Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Larry E. Richardson Larry E. Richardson DATE 4-10-05 863-697-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #