2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGN

DOCUMENT # P97000013116 FILED 1. Entity Name THE MARSH HARBOR COMPANY, INC. 08 JUN - 5 AM 8: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2115 TRESCOTT DRIVE 2115 TRESCOTT DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 05292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3429507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAILEY, LAMAR B DO NOT WRITE 2115 TRESCOTT DRIVE TALLAHASSEE, FL 32308 IN THIS SPACE 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 bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE BAILEY, LAMAR B NAME 2115 TRESCOTT DRIVE 200130933962 06/06/08--01001--005 **680,00 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS JC 6/6 CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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 expowered.

ECTOR

Daytime Phone #