

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90025 040 ***150.00

DOCUMENT # P97000028651

1. Entity Name
RORYS MARINE CANVAS & UPHOLSTERY, INC.



Principal Place of Business
252 S.W. 31ST STREET
FORT LAUDERDALE, FL 33315

Mailing Address
252 S.W. 31ST STREET
FORT LAUDERDALE, FL 33315

2. Principal Place of Business - No P.O. Box #

11 SW 12th Ave

Suite, Apt. #, etc.
105

3. Mailing Address

11 SW 12th Ave

Suite, Apt. #, etc.
105

City & State
Dania Bch, Fl.

City & State
Dania Bch, Fl.

Zip Country
33004 us

Zip Country
33004 us

04042008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0124720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCALISE, DAVID
252 SW 31 ST
FORT LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

Name Scalise David
Street Address (P.O. Box Number is Not Acceptable)
11 SW 12th Ave # 105
City Dania Bch FL Zip Code 33004

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCALISE, DAVID K	
STREET ADDRESS	8522 SAWPINE RD	
CITY-ST-ZIP	DELRAY BCH, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: David K. Scalise David K. Scalise 4/4/08 954-462-0269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #