2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2008 08:00 AN Secretary of State **DOCUMENT # P97000105032** WEEKI WACHEE MARINA, INC. Principal Place of Business Mailing Address 7154 SHOAL LINE BLVD. 7154 SHOAL LINE BLVD. SPRING HILL, FL 34607 SPRING HILL, FL 34607 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3483454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired in the self of the Fee Regulred 6. Name and Address of Current Registered Agent LANIER, JAMES DO NOT WRITE 7154 SHOAL LINE BLVD. SPRING HILL, FL 34607 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, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LANIER, JAMES NAME 7154 SHOAL LINE BLVD STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34607 *U*000000869395 TITLE 04/09/08-80048-011 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 5

STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-25-05 352-596-2052

FILED