2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 05, 2007 08:00 All Secretary of State DOCUMENT # P98000018001 1. Entity Namo ANGLER MARINE OF PENSACOLA, INC. Principal Place of Business Mailing Address 2210 B TOWN ST 2210-B TOWN STREET PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Addres. Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE City & City o City & State applied For 4. FEI Number 59-3497396 Not Applicable Zir. Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, JOHN R Street Address (P.O. Box Number is Not Acceptable) 755 BOULDER CREEK DR. PENSACOLA FL 32514 City Zip Code 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 privited name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstaling) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. U00000692264 🗆 Change 10111 ☐ Delete DITE KENNEDY, JOHN R NAME 04/13/07-80044-020 150.00 2210-B TOWN STREET STREET ADDRESS STREET LANDRESS PENSACOLA FL 32505 CHY-SI-7IP CHY-ST-7IP TATLE Delete ntii ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-7IP TUTLE ☐ Delete TUU ☐ Change ☐ Addition NAMI NAMI STREET ADORESS STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP HILE ☐ Change ☐ Delete ■ Addition NAMI STREET ADDRESS STREET ADDRESS CiTY-S1-ZIP CITY-ST-ZIP Delete 11111 Change ___ Addition HILL NAM NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP HILE ☐ Delete BILL Addition ☐ Change NAMI NAME STREET ADDRESS STRUET ADDRESS CITY - ST- ZIP CHY-SI-ZIP

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 efficer 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.

12. I hereby certify 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

SIGNATURE