

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050656

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: WATSON BAYOU MARINA OF BAY COUNTY, INC.

## Current Principal Place of Business:

407 MAPLE AVE.  
PANAMA CITY, FL 32401

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1909  
PANAMA CITY, FL 32402

## New Mailing Address:

P.O. BOX 177  
LYNN HAVEN, FL 32444

FEI Number: 59-3586529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEMPLIN, JOHN  
816 TECH DR  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MALAUSKY, MICHAEL A  
Address: PR1 BX 790  
City-St-Zip: MARTINSBURG, PA 16662

Title: V ( ) Delete  
Name: TEMPLIN, JOHN  
Address: 816 TECH DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: ST ( ) Delete  
Name: TEMPLIN, MOLLIE  
Address: 816 TECH DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLIE TEMPLIN

ST

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date