2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 18, 2008 8:00 am Secretary of State

DOCUMENT # S22002 1. Entity Name TAMPA GATEWAY MARINE, INC.					4	02-18-2008 9	90017 00	18 ***150	.00
Principal Place	e of Business								
Principal Place of Business Mailing Address 2535 SUCCESS DR 2535 SUCCESS DR									
ODESSA, FL 33556 US ODESSA, FL 33556 US									
					 	aid 1184: 88411 68116 1181	#1841 B1811 B1811		STI II IPSI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-P	CR2E03	34 (12/06)	
City & State	9	City & State			4. FEI Number 59-3048	836			olied For Applicable
Zip	Country	Country Zip Cour		try	5. Certificate o	Status Desired		\$8.75 Addi	
	6. Name and Address of Current	edictored Agent			7 Name and 6	ddragg of Now P		Fee Required	
	e. Name and Address of Content	7. Name and Address of New Registered Agent Name							
BAKER, RICHARD W.									
2535 SUCCESS DR				Street Address (P.O. Box Number is Not Acceptable)					
ODESSA, FL 33556									
				City				Zip Code	
				FL 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.									
and designation of regional again.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
(Volume and the second of the									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFF	ICERS AND		
TITLE	PSTD BAKER BICHARD W	☐ Delete	IIIL	1				☐ Change	☐ Addition
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CITY-ST-ZIP				-ST-ZIP					
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	r the ex	emptions containe	d in Chapter 119.	Florida Statutes. I	I further cert	tify that the in	nformation
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 chapter with an address, with all other like parameters.									