

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003724

**Entity Name:** MARINEMAX EAST, INC.

**Current Principal Place of Business:**

18167 US HWY 19 N, SUITE 300  
CLEARWATER, FL 33764

**Current Mailing Address:**

18167 US HWY 19 N, SUITE 300  
CLEARWATER, FL 33764

**FEI Number:** 94-3382331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title P  
Name MCLAMB, MICHAEL H  
Address 18167 US HWY 19 N, SUITE 300  
City-State-Zip: CLEARWATER FL 33764

Title ST  
Name MCLAMB, MICHAEL H  
Address 18167 US HWY 19 N, SUITE 300  
City-State-Zip: CLEARWATER FL 33764

Title VP  
Name CASHMAN, CHUCK  
Address 18167 US HWY 19 N, SUITE 300  
City-State-Zip: CLEARWATER FL 33764

Title AS  
Name DAY, PAULEE C  
Address 18167 US HWY 19 N, SUITE 300  
City-State-Zip: CLEARWATER FL 33764

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAULEE C. DAY

AS

04/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date