

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002939

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** PA MARINA, INC.

**Current Principal Place of Business:**

8500 SHAWNEE MISSION PARKWAY SUITE 200  
MERRIAN, KS 66201

**New Principal Place of Business:**

8500 SHAWNEE MISSION PARKWAY  
SUITE 200  
MERRIAM, KS 66202

**Current Mailing Address:**

8500 SHAWNEE MISSION PARKWAY SUITE 200  
MERRIAN, KS 66201

**New Mailing Address:**

P.O. BOX 795  
SHAWNEE MISSION, KS 66201

**FEI Number:** 43-0951888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CP  
Name: TUYL, CECIL V  
Address: 5732 SETTLEMENT WAY  
City-St-Zip: MCKINNEY, TX 75070

Title: VCVF  
Name: MATTOX, DANIEL K  
Address: 8615 NW BAKER RD CIRCLE  
City-St-Zip: PARKVILLE, MO 64153

Title: DST  
Name: HOLCOMB, ROBERT J  
Address: 17612 W 84TH STREET  
City-St-Zip: LENEXA, KS 66219

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: ROBERT HOLCOMB

DST

04/22/2010

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

\_\_\_\_\_ Date