## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DVAS

SMITH, JEFFREY L

DECOSTA, LALER C

ATLANTA, GA 30326

ATLANTA, GA 30326

MCKEAN, THOMAS

TRIVERS, LISA K

1801 HERMITAGE BLVD STE 600

3424 PEACHTREE RD. NE #800

3424 PEACHTREE RD. NE #800

3424 PEACHTREE RD. NE #800

TALLAHASSEE, FL 32308

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## Mar 23, 2004 8:00 am **Secretary of State** DOCUMENT # P99000027985 03-23-2004 90002 026 \*\*\*150.00 SOUTH BEACH MARINA, INC. Mailing Address Principal Place of Business 54021203 1801 HERMITAGE BLVD 1801 HERMITAGE BLVD SUITE 100 SUITE 100 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3566500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TODD, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition BENNETT, DOUGLAS W NAME NAME STREET ADDRESS 1801 HERMITAGE BLVD STE 600 STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 32308 CITY-ST-ZIP DVAT ☐ Delete Addition TITLE TITLE ☐ Change NAME GRAY, LYNNE M NAME Mark P. Faraldo 750 N. Central Expuy #800 1801 HERMITAGE BLVD STE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP

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CITY-ST-ZIP ATLANTA, GA 30326 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

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P. Faraldo V, S SIGNATURE:

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