

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90242 045 ****61.25

DOCUMENT # 739712

1. Entity Name
CATAMARAN I, INCORPORATED



Principal Place of Business

**2400 S. OCEAN DRIVE
FT. PIERCE, FL 34949**

Mailing Address

**2400 S. OCEAN DRIVE
FT. PIERCE, FL 34949**

DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1875874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAHER, GEORGE H.
2400 S. OCEAN DR.
FT. PIERCE, FL 34949**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHELTON, ALVIN
2400 S. OCEAN DR.
FT. PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BOYD, RICHARD
2400 S. OCEAN DR.
FT PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KEYS, MARIAN
2400 S. OCEAN DR
FORT PIERCE, FL 34949**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARTON, MARJORIE
2400 S. OCEAN DRIVE
FT. PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENDERSON, JACK
2400 S. OCEAN DR
FORT PIERCE, FL 34949**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 617, 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.

SIGNATURE: *Marjorie S. Barton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARJORIE BARTON

4-27-03
Date

772-489-0300
Daytime Phone #