

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000366

Entity Name: SHALIMAR MARINA, INC.

FILED  
Mar 31, 2005  
Secretary of State

**Current Principal Place of Business:**

13 MEIGS DRIVE  
PO BOX 798  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 798  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 65-1805067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAXON, ROBERT P JR  
13 MEIGS DR  
P.O. BOX 798  
SHALIMAR, FL 32579 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: PC ( ) Delete  
Name: MAXON, ROBERT P JR  
Address: 13 MEIGS DR  
City-St-Zip: SHALIMAR, FL 32579

Title: VD ( ) Delete  
Name: MAXON, SAMUEL M  
Address: 1195 RAMBLEWOOD DR.  
City-St-Zip: GULF BREEZE, FL 325613172

Title: TD ( ) Delete  
Name: LAMBERT, EUGENIA M  
Address: 3754 EVEREST DRIVE  
City-St-Zip: MONTGOMERY, AL 361063344

Title: SD ( ) Delete  
Name: STARK, GENEVIEVE M  
Address: 314 SOUTH JACKSON STREET  
City-St-Zip: STARKVILLE, MS 39759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MAXON, SAMUEL M  
Address: 3 RIVER CREST  
City-St-Zip: MANSFIELD, TX 76063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: STARK, GENEVIEVE M  
Address: 305 GREENSBORO STREET  
City-St-Zip: STARKVILLE, MS 397592801

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT P MAXON JR

PRES

03/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date