

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000366

Entity Name: SHALIMAR MARINA, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

13 MEIGS DRIVE
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
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: 3 RIVER CREST
City-St-Zip: MANSFIELD, TX 76063

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

Title: SD () Delete
Name: STARK, GENEVIEVE M
Address: 306 S. JACKSON STREET
City-St-Zip: STARKVILLE, MS 397592801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAXON, ROBERT P JR
Address: 13 MEIGS DR
City-St-Zip: SHALIMAR, FL 32579

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date