


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 203776</b> 1. Entity Name <b>SAN CARLOS MARINA, INC.</b>	
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Principal Place of Business <b>3300 PALM BEACH BLVD FT MYERS, FL 33916</b>	Mailing Address <b>3300 PALM BEACH BLVD FT MYERS, FL 33916</b>
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**DO NOT WRITE IN THIS SPACE**



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0806132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KELTNER, J.G., JR.  
15220 OSPREY LANDINGS WAY  
FT MYERS, FL 33908**

**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 \_\_\_\_\_

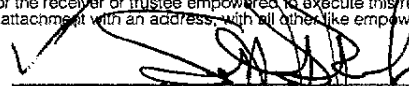
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1000000553213</b> <b>05/15/06-80036-023 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSH, THERESE A. 7149 E BRENTWOOD RD. FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSH, SCOTT 7149 E. BRENTWOOD RD. FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELTNER, J G, JR 15220 OSPREY LANDINGS WAY FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/06** <sup>239</sup> **482-0130**  
Date Daytime Phone #