


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90089 037 \*\*\*150.00

<b>DOCUMENT # 263744</b>	
1. Entity Name SNAPPER CREEK MARINA, INC	

Principal Place of Business 11190 SNAPPER CREEK RD CORAL GABLES, FL 33156-4216 US	Mailing Address 11190 SNAPPER CREEK RD CORAL GABLES, FL 33156-4216 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1030262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, TIM <input checked="" type="checkbox"/> Delete 5225 FAIRCHILD WAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASE, CURTIS J <input type="checkbox"/> Delete 5505 ARBOR LANE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEN, RANDY J. <input type="checkbox"/> Delete 10725 LAKESIDE DRIVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSAN, JOE <input type="checkbox"/> Delete 10950 OLD CUTLER ROAD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLET, BILL <input type="checkbox"/> Delete 10905 SHAPPER CREEK RD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D MASE, CURTIS J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5505 ARBOR LANE CORAL GABLES, FLORIDA 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/D TILLET, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10905 SNAPPER CREEK ROAD CORAL GABLES, FLORIDA 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 Date Daytime Phone #