


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90084 046 ***163.75

DOCUMENT # 280989	
1. Entity Name SEAHORSE MARINA, INC.	

Principal Place of Business 4135 KINGS HWY. CHARLOTTE HARBOR FL 33980 US	Mailing Address 22481 GLEN AVE. PORT CHARLOTTE FL 33980 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-0912802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent FINNEGAN, MARTHA 22481 GLEN AVE. PORT CHARLOTTE FL 33980	
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00** May Be
Trust Fund Contribution. ☒ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	FINNEGAN, ALMINO K	
STREET ADDRESS	PO BOX 8368	
CITY-ST-ZIP	FLEMING ISLAND FL 32006	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINNEGAN, MICHAEL	
STREET ADDRESS	1108 BELMAR AVE. N.W.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FINNEGAN, MARTHA	
STREET ADDRESS	22481 GLEN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINNEGAN, MICHAEL	
STREET ADDRESS	1108 BELMAR AVE. NW	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN FINNEGAN AIMINO	
STREET ADDRESS	P.O. BOX 8368	
CITY-ST-ZIP	FLEMING ISLAND, FL 32006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Martina Finnegan* - **MARTHA FINNEGAN** **2-16-05** **941-625-5103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #