

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285568

Entity Name: ST. MARKS MARINA, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

28 LYNN CIRCLE
ST MARKS, FL 32355

New Principal Place of Business:

Current Mailing Address:

406 OAKWOOD TRAIL
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-1094647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, FRANCES CASEY
3119-B CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

LOWE, FRANCES CASEY
3042 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

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: FRANCES C. LOWE

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNN, DERRELL E
Address: P.O. BOX 87
City-St-Zip: ST. MARKS, FL 32355

Title: VP () Delete
Name: LYNN, M. ANDERSON
Address: 67 SAVANNAH ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: LYNN, JOHN T
Address: 406 OAKWOOD TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: LYNN, C. ALLEN
Address: 165 DEEPWOOD DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN T. LYNN

S

01/15/2009

Electronic Signature of Signing Officer or Director

Date