

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294657

Entity Name: VIA MARINA INC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

517 LAUREL OAK DRIVE
SEWICKLEY, PA 15143 US

New Principal Place of Business:

Current Mailing Address:

517 LAUREL OAK DRIVE
SEWICKLEY, PA 15143 US

New Mailing Address:

FEI Number: 57-2056230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREE, MARTA M
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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: P () Delete
Name: PYLE, ANN W
Address: 517 LAUREL OAK DRIVE
City-St-Zip: SEWICKLEY, PA 15143

Title: VP () Delete
Name: WOLFER, LUCIA K
Address: 44721 CALLE BANUELOS
City-St-Zip: TEMECULA, CA 92592

Title: T () Delete
Name: JOHNSON, ADELE
Address: 3460 NATHAN COURT
City-St-Zip: ROCKLIN, CA 95677

Title: S () Delete
Name: MCDONALD, LYNN
Address: 517 LAUREL OAK DRIVE
City-St-Zip: SEWICKLEY, PA 15143

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: ANN W. PYLE

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date