2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 331293

1. Entity Name
SHIELDS MARINA, INC.

Principal Place of Business	Mailing Address
P.O.BOX 218 95 RIVERSIDE DRIVE ST MARKS ISLAND, FL 32355 US	P.O.BOX 218 95 RIVERSIDE DRIVE ST MARKS ISLAND, FL 32355 US

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1230799
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHARLES C. JR.
95 RIVERSIDE DRIVE
ST MARKS, FL 32355

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SHIELDS, CHARLES JR
STREET ADDRESS	95 RIVERSIDE DRIVE
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	VS
NAME	SHIELDS, PAMELA G.
STREET ADDRESS	95 RIVERSIDE DRIVE
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	V
NAME	SHIELDS, MICHAEL BRETT
STREET ADDRESS	95 RIVERSIDE DRIVE
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000006193
01/16/04-80025-011 150.00

DO NOT WRITE IN THIS SPACE

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: X _____ CHARLES C. SHIELDS, JR. 1-10-0 (850) 925-6158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT