


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 331293 1. Entity Name SHIELDS MARINA, INC.	
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Principal Place of Business P.O. BOX 218 95 RIVERSIDE DRIVE ST MARKS ISLAND, FL 32355 US	Mailing Address P.O. BOX 218 95 RIVERSIDE DRIVE ST MARKS ISLAND, FL 32355 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1230799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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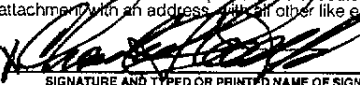
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SHIELDS, CHARLES JR 95 RIVERSIDE DRIVE ST. MARKS, FL 32355
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SHIELDS, PAMELA G. 95 RIVERSIDE DRIVE ST. MARKS, FL 32355
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHIELDS, MICHAEL BRETT 95 RIVERSIDE DRIVE 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	

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01/19/05-80059-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	CHARLES C. SHIELDS JR. PRESIDENT	1-11-05 <small>Date</small>	(850) 925-6158 <small>Daytime Phone #</small>
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