

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331293

FILED  
Feb 24, 2011  
Secretary of State

Entity Name: SHIELDS MARINA, INC.

**Current Principal Place of Business:**

95 RIVERSIDE DRIVE  
ST MARKS, FL 32355 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 218  
95 RIVERSIDE DRIVE  
ST MARKS, FL 32355 US

**New Mailing Address:**

FEI Number: 59-1230799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: SHIELDS, CHARLES C JR  
Address: 95 RIVERSIDE DRIVE  
City-St-Zip: ST. MARKS, FL 32355 US

Title: S  
Name: SHIELDS, PAMELA G SHIELDS  
Address: 95 RIVERSIDE DRIVE  
City-St-Zip: ST. MARKS, FL 32355 US

Title: V  
Name: SHIELDS, MICHAEL BRETT  
Address: 95 RIVERSIDE DRIVE  
City-St-Zip: ST. MARKS, FL 32355 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES C. SHIELDS, JR.

PRES

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date