


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 362835 1. Entity Name GUNDLACH'S MARINA, INC.	
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Principal Place of Business 914 NORTH ATLANTIC DR. LAKE WORTH, FL 33462	Mailing Address C/O STEPHEN C. GUNDLACH PO BOX 3673 LANTANA, FL 33465-3673
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1289369	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GUNDLACH, STEPHEN C 914 NORTH ATLANTIC DR. LANTANA, FL 33462	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089199 03/15/04-80082-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNDLACH, PAUL B. 121 PARK LANE EAST HYPOLUXO, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUNDLACH, STANLEY J. 129 PARK LANE EAST HYPOLUXO, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GUNDLACH, STEPHEN C. 914 NORTH ATLANTIC DRIVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **TREAS** 03-09-04 561 582-7847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #