

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90163 041 ***150.00

DOCUMENT # 421534

1. Entity Name
SUWANNEE SHORES MARINA INC



Principal Place of Business
**28686 SE 19 HWY
OLD TOWN, FL 32680 US**

Mailing Address
**28686 SE 19 HWY
OLD TOWN, FL 32680 US**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1447615

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE, HEATH V
9430 FLORIDA ST 28686 SE 19 Hwy.
FANNING SPRINGS, FL 32693 Old Town, FL 32680
US

**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 Heath V. Greene

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GREENE, HEATH V 9430 FLORIDA ST 28686 SE 19 Hwy. FANNING SPRING, FL 32693 Old Town, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T GREENE, JIMMY P US HIGHWAY 19 SOUTH OLD TOWN, FL 32680
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 exemptions contained 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 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: Heath V. Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/06 352-342-7482
Date Daytime Phone #