

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 593142**

1. Entity Name  
**MARINA POINT, INC.**



Principal Place of Business  
**8050 FREEDOM AVE., N.W.  
CANTON, OH 44720**

Mailing Address  
**8050 FREEDOM AVE NW  
N CANTON, OH 44720 US**



05082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1856623**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAINES, W.K., SR.  
741 MARINA POINT DRIVE  
DAYTONA BEACH, FL 32114**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 5, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAINES, W.K., SR.
STREET ADDRESS	8050 FREEDOM, N.W.
CITY-ST-ZIP	NORTH CANTON, OH
TITLE	VD
NAME	HAINES, W.K., JR.
STREET ADDRESS	8050 FREEDOM, N.W.
CITY-ST-ZIP	NORTH CANTON, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000566167  
05/26/06-80001-014 150.00

**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:

*W.K. Haines Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/23/06*  
Date

Daytime Phone #