

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 593877

1. Entity Name

MARINATOWN REALTY, INCORPORATED



Principal Place of Business

3440 MARINA TOWN LANE, N.W.
N. FT. MYERS FL 33903

Mailing Address

3440 MARINA TOWN LANE, N.W.
N. FT. MYERS FL 33903



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1871535

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOLIHAN, THOMAS B
3440 MARINATOWN LN, NW
N FT MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2006 Fee Will Be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOLIHAN, THOMAS P
STREET ADDRESS 3440 MARINA TOWN LANE, N.W.
CITY-ST-ZIP N. FT. MYERS FL 33903 ☐ Delete

TITLE STD
NAME HOOLIHAN, THOMAS P
STREET ADDRESS 3440 MARINA TOWN LANE, N.W.
CITY-ST-ZIP N. FT. MYERS FL 33903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000000400869
02/02/06-80013-007 150.00 ☐ Change ☐ Add

TITLE
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CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas P. Hoolihan

1-20-06

P97-721