2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 605966

1. Entity Name

MARSH HARBOR MARINA, INC.

Principal Place of Business	Mailing Address
1439 SHELL POINT RD CRAWFORDVILLE FL 32327 US	1439 SHELL POINT RD. CRAWFORDVILLE FL 32327 US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	

1st MOORE   CR2E034 (10/04)

Zip	Country	Zip	Country	4. FEI Number 59-2935317	Applied For / Not Applicable

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
GAUPIN, WILLIAM T. 1439 SHELL POINT RD CRAWFORDVILLE FL 32327	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, 2005 Fee Will Be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GAUPIN, WILLIAM T		NAME	U00000272560	
STREET ADDRESS	RT. 2 BOX 4391		STREET ADDRESS	03/22/05-80010-013 150.00	
CITY-ST-ZIP	CRAWFORDVILLE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GAUPIN, WILLIAM T		NAME		
STREET ADDRESS	RT. 2 BOX 4391		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ William T Gaupin 3-21-05   850-926-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #