

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649685

Entity Name: INDIAN COVE MARINA, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

14 MYRTICE AVENUE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

PO BOX 1807
COCOA, FL 32923 US

New Mailing Address:

96 WILLARD ST., STE. 302
COCOA, FL 32922 US

FEI Number: 59-1982269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARI, RICHARD S.
96 WILLARD ST
STE 302
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AMARI, RICHARD S.
Address: 96 WILLARD ST STE 302
City-St-Zip: COCOA, FL 32922

Title: DST () Delete
Name: THERIAC, III J
Address: 96 WILLARD ST STE 302
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: THERIAC, JAMES S III
Address: 96 WILLARD ST STE 302
City-St-Zip: COCOA, FL 32922

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. THERIAC

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date