## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2005 08:00 AM

DOCUMENT # 654406  1. Enity Name MARKER 63 INTRACOASTAL USEPPA PROPERTY, INC.  Principal Place of Business POST OFFICE BOX 640  POST OFFICE BOX 640			Secretary of State	
BOKEELIA, F	L 33922	BOKEELIA, FL 33922		
DO NOT WRITE IN THIS SPAC			CE	03222005 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For   59-1997791   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
	6. Name and Address of Current Regis	tornd Agent	ا <del>بری ساعد دا</del> ا	5. Certificate of Status Desired Fee Required
FITZSIMMONS, TIMOTHY G 95 GREEN DOLPHIN DR CAPE HAZE, FL 33946				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 tible 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  Trust Fund Contribution.  Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PST FITZSIMMONS, TIMOTHY G. 95 GREEN DOLPHIN DRIVE CAPE HAZE, FL 33946	CTORS		000000230722 — 04/07/05-80001-005 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	Y-ST-ZIP  LE  ME RETT ADRESS Y-ST-ZIP		DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(f). 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 attantment with an addition, withfall other time empowered.

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT