

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90025 047 \*\*\*\*61.25

<b>DOCUMENT # 736436</b> 1. Entity Name FLOTILLA 13-04, INC.			
Principal Place of Business 8 HARDWOOD HAMMOCK KEY LARGO, FL 33037		Mailing Address 8 HARDWOOD HAMMOCK KEY LARGO, FL 33037 US	
2. Principal Place of Business - No P.O. Box # 29 Channel Cay Rd		3. Mailing Address 29 Channel Cay Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo FL		City & State Key Largo FL	
Zip 33037 Country USA		Zip 33037 Country USA	
4. FEI Number 59-7800230		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03012007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  TURNER, HODSON, WATKINS & LYNN 830 N. KROME AVE. HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE P NAME FOSTER, MICHAEL M STREET ADDRESS 35 HARBOUR GREEN CITY-ST-ZIP KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete		
TITLE VP NAME BLUMENFELD, MARVIN STREET ADDRESS 24 DOCKSIDE LANE, PMB # 464 CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete		
TITLE SD NAME ISENBERG, PATRICIA STREET ADDRESS 24 DOCKSIDE LANE, PMB # 35 CITY-ST-ZIP KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete		
TITLE T NAME GOOD, THOMAS A STREET ADDRESS 8 HARDWOOD HAMMOCK CITY-ST-ZIP KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME Blumenfeld Marvin M STREET ADDRESS 24 Dockside Lane CITY-ST-ZIP Key Largo FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME Snyder, Thomas H STREET ADDRESS 21 Channel Cay Rd CITY-ST-ZIP Key Largo FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME Foster, Michael M STREET ADDRESS 35 Harbour Green CITY-ST-ZIP Key Largo FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME Reiter, Rollin S. STREET ADDRESS 29 Channel Cay Rd CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE Asst Treasurer NAME Good, Thomas A STREET ADDRESS 8 Hardwood Hammock CITY-ST-ZIP Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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.			
<b>SIGNATURE:</b> <u>Rollin S. Reiter</u> <u>Treasurer</u> <u>3/14/07</u> <u>305 367 3343</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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