2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 15, 2004 8:00 am Secretary of State **DOCUMENT # 736959** 1. Entity Name 03-15-2004 90066 035 ****61 25 ANNA MARIA ISLAND PRIVATEERS, INC. Principal Place of Business Mailing Address P.O BOX 1238 HOLMES BEACH FL 32418 7004 MARINE DRIVE 24021721 **BRADENTON BEACH FL 34217** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-1718904 Not Applicable Zip \$8.75 Additional Country Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTIE, ELIZABETH ss (P.O. Box Number is Not Acceptable) 7004 MARINE DR **BRADENTON BEACH FL 34217** City 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. Christie-Cline Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change MADDOX, RICK NAME NAME 4515 124TH ST CT WEST STREET ADDRESS STREET ADDRESS CORTEZ FL 34215 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change CHRISTIE, ELIZABETH NAME NAME 7004 MARINA DR STREET ADDRESS STREET ADDRESS BRADENTON BEACH FL 34217 CiTY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE - ---Delete TITLE DAVIDSON, GARY NAME NAME 615:49TH ST, CT W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE DAVIDSON, GREG NAME NAME 910-41ST ST CT. W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.

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