



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90072 009 ****61.25

DOCUMENT # 751082 1. Entity Name MARATHON SAIL AND POWER SQUARDON, INC.					
Principal Place of Business P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON, FL 33050			Mailing Address P.O. BOX 500055 MARATHON, FL 33050 US		
2. Principal Place of Business 5141 LOGGERHEAD LA.		3. Mailing Address Suite, Apt. #, etc.			
City & State MARATHON, FL		City & State		4. FEI Number 59-6152243	
Zip 33050		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEFFERNAN, WILLIAM JR 9703 OVERSEAS HWY MARATHON, FL 33050			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMD WINSOR, EDWARD S GALWAY BAY #C-8 MARATHON, FL 330501893	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER MAGNOTTI, RALPH A 201 STIRRUP KEY BLVD MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXED MAGNOTTI, RALPH A 201 STIRRUP KEY BLVD. MARATHON, FL 33050	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE OFFICER CORTELOU, GAIL 30 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051-0612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMD CORTELOU, GAIL 30 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMIN. OFFICER GREG ABSTEN, GREG P.O. BOX 522379 MARATHON, SHORES, FL 33052-2379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARDS, ELIZABETH J 239 WEST SEAVIEW CR. DUCK KEY, FL 33050	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KRAUSE, LOIS 401 5th STREET KEY COLONY BCH, 33051-0552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LARSSON, ERIC 321 9th ST. KEY COLONY BEACH, FL 33051-0468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 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)(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.					
SIGNATURE:  GAIL CORTELOU					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 1/11/04 Daytime Phone # 385-289-1295	