2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000551

GRAND RAPIDS, MI 49512

City-St-Zip:

FILED Apr 19, 2005 Secretary of State

Entity Na	me: CALOOS	SA COVE MARINA, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	ERSEAS HIGH ADA, FL 3303					
Current Mailing Address:			New Mailing Address:			
	ERSEAS HIGH ADA, FL 3303					
FEI Number	: 38-3429652	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
	LESLIE E ERSEAS HIGH ADA, FL 3303		WISNER, THOMAS A 73501 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATU	RE: THOMAS	S A WISNER		04/19/2005		
		nic Signature of Registered A	gent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title:	,) Delete	Title:		() Change () Addition	
Name:	TASSELL, LES		Name:			
Address: City-St-Zip:	3145 SHAFFE GRAND RAPIE		Address: City-St-Zip:			
		-, · · · · · · ·	5.1, 51 <u>-</u> p.			
Title:	•) Delete	Title:	CPD	(X) Change () Addition	
Name:	WISNER, THO		Name:	WISNER, TH		
Address:	3145 SHAFFE		Address:		FER ROAD SE	
City-St-Zip:	GRAND RAPIE	15, IVII 49512	City-St-Zip:	GRAND RAF	PIDS, MI 49512	
Title:	Т () Delete	Title:		() Change () Addition	
Name:	WISNER, JOY	•	Name:		- , ,	
Address:	3145 SHAFFE		Address:			
City-St-Zip:	GRAND RAPID	S, MI 49512	City-St-Zip:			
Title:	S () Delete	Title:		() Change () Addition	
Name:	BOTTRALL, D		Name:		() () () () () () () () () ()	
Address:	3145 SHAFFE		Address:			

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: THOMAS A WISNER **CPD** 04/19/2005