
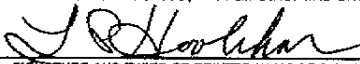


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|------------------------|--------------------|--|---|--|
| DOCUMENT # G86462 1. Entity Name MARINATOWN DEVELOPMENT, INC. | | | |  | |
| Principal Place of Business 3446 MARINATOWN LN N FORT MYERS FL 33903 US | | | Mailing Address 3446 MARINATOWN LN N FORT MYERS FL 33903 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt # etc | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HOOLIHAN, THOMAS P. 6121 RIVER SHORE COURT NORTH FORT MYERS FL 33917 | | | | Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | | TITLE | | |
| NAME | HOOLIHAN, THOMAS P. | | NAME | | |
| STREET ADDRESS | 6121 RIVER SHORE COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH FT MYERS FL | | CITY-ST-ZIP | | |
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| 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



MOORE CR2E034 (11/03)

4. FEI Number **59-2405744** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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01/27/04-80042-007 150.00