2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2007 08:00 A Secretary of State DOCUMENT # H08878 COVÉ MARINA OF NAPLES, INC. Principal Place of Business Mailing Address 2023 DAVIS BLVD 2023 DAVIS BLVD NAPLES, FL 34104 NAPLES, FL 34104 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2415418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TEERLING, JOYCE 2023 DAVIS BLVD IN THIS SPACE NAPLES, FL 34104 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000675874 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 TITLE O'CONNOR, GERARD NAME 2023 TEERLING STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 TITLE TEERLING, JOYCE NAME STREET ADDRESS 2023 DAVIS BLVD CITY - ST-ZIP NAPLES, FL 34104 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby 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 607, 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICE

3-20-07

239-774-754

Daytime Phone #

FILED