

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # H86581 1. Entity Name PONCE MARINA, INC.	
---	---

Principal Place of Business 117 SHADY BRANCH TRAIL ORMOND BEACH FL 32174 US	Mailing Address 117 SHADY BRANCH TRAIL ORMOND BEACH FL 32174 US
---	---



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <i>Same</i>	3. Mailing Address	
---	--------------------	--

Suite, Apt #, etc.	Suite, Apt #, etc.	
--------------------	--------------------	--

City & State <i>Same</i>	City & State	
-----------------------------	--------------	--

4. FEI Number 59-2634842	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MCMURRY, H. 117 SHADY BRANCH TRAIL ORMOND BEACH FL 32174
--

7. Name and Address of New Registered Agent Name <i>Same</i> 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: *H. M. Murray* (NOTE Registered Agent signature required when reinstating) DATE: 4/10/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMURRY, H.			NAME	U00000322823		
STREET ADDRESS	117 SHADY BRANCH TRAIL			STREET ADDRESS	04/22/05-80025-024 150.00		
CITY - ST - ZIP	ORMOND BEACH FL 32174			CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMURRY, PEGGY A.			NAME			
STREET ADDRESS	117 SHADY BRANCH TRAIL			STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL 32174			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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)(f), 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: *H. M. Murray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR