

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90020 028 \*\*\*150.00

**DOCUMENT # H92011**

1. Entity Name

HOME PORT MARINA, INC.



Principal Place of Business

605 ORANGE ST. S  
PALM HARBOR FL 34683

Mailing Address

P.O. BOX 2530  
MUSCLE SHOALS AL 35662

2. Principal Place of Business  
135 ORANGE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PALM HARBOR, FL

City & State

Zip  
34683

Country  
PINELLAS

Zip

Country

4. FEI Number  
59-2657484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE .. **P** ☒ Delete  
NAME **MILEY, O B**  
STREET ADDRESS **701 TENNESSEE RIVER DRIVE**  
CITY-ST-ZIP **MUSCLE SHOALS AL 35661**

TITLE **VT** ☐ Delete  
NAME **WATKINS, STEVE**  
STREET ADDRESS **701 TENNESSEE RIVER DRIVE**  
CITY-ST-ZIP **MUSCLE SHOALS AL 35661**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
NAME **Verna Brennan**  
STREET ADDRESS **701 Tennessee River Dr.**  
CITY-ST-ZIP **Muscle Shoals, AL 35661**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Verna Brennan* **VERNA BRENNAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/06*

Date

*256-383-6940*

Daytime Phone #