

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90050 037 \*\*\*150.00

**DOCUMENT # J07485**

1. Entity Name

FISH TRAP MARINA, INC.



Principal Place of Business

FISHTRAP MARINA INC  
4794 BONITA BCH RD  
BONITA SPRINGS FL 34134  
US

Mailing Address

FISHTRAP MARINA INC  
4794 BONITA BEACH RD  
BONITA SPRINGS FL 34134  
US

50016564



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2752217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEST, JOHN S.  
~~27565 PLAYA DEL REY~~ 27611 Line ST.  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**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

TITLE PD ☐ Delete  
NAME VEST, JOHN S.  
STREET ADDRESS ~~27565 PLAYA DEL REY~~ 27611 Line ST  
CITY-ST-ZIP BONITA SPRINGS FL ~~34134~~ 34135

TITLE STD ☐ Delete  
NAME VEST, KELLY  
STREET ADDRESS ~~27565 PLAYA DEL REY~~ 27611 Line ST  
CITY-ST-ZIP BONITA SPRINGS FL ~~34134~~ 34135

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 PA ☒ Change ☐ Addition  
NAME John S. Vest  
STREET ADDRESS 27611 Line STREET  
CITY-ST-ZIP Bonita Springs FL 34135

TITLE STD ☒ Change ☐ Addition  
NAME Kelly Vest  
STREET ADDRESS 27611 Line STREET  
CITY-ST-ZIP Bonita Springs, FL 34135

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

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

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

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John S. Vest* - John S. Vest - President 2-10-05 (234) 992-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #