

FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90852 001 \*\*\*450.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # J52734

1. Entity Name  
M & J MARINA DEVELOPMENT CORP.



Principal Place of Business  
147 DELTA DR.  
PITTSBURGH, PA 15238

Mailing Address  
147 DELTA DR.  
PITTSBURGH, PA 15238

66418200



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
25-1542365

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, ROBERT W  
500 FIFTH AVE S  
STE 509  
NAPLES, FL 34102

ADDRESS CHANGE:  
3461 BONITA BAY BLVD  
SUITE 101  
BONITA SPRINGS FL  
34134

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IN THIS SPACE

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 ROBERT W. MCCLURE - PLEASE NOTE ADDRESS CHANGE ABOVE

Signature, typed or printed name of registered agent and 80s if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DELIGATTI, JAMES A.  
STREET ADDRESS 147 DELTA DRIVE.  
CITY - ST - ZIP PITTSBURGH, PA

TITLE VD  
NAME DELIGATTI, MICHAEL J.  
STREET ADDRESS 147 DELTA DRIVE.  
CITY - ST - ZIP PITTSBURGH, PA

TITLE T  
NAME HUBERT, DANIEL E.  
STREET ADDRESS 147 DELTA DRIVE.  
CITY - ST - ZIP PITTSBURGH, PA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE

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: \* 251331/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 412/963-6550  
Date Daytime Phone #