2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J66183 1. Entity Name

CUDJOE GARDENS MARINA & DIVE CENTER, INC.



FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90057 013 ***150.00

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Principal Place of Business Mailing Address											
477 DROST DRIVE SUMMERLAND KEY FL 33042				477 DROST DRIVE SUMMERLAND KEY FL 33042						*	
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2. Principal Place of Business				3. Mailing Address							
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE	CR2E034	11/03)	
City & State				City & State			4.	FEI Number 59-278761	4	\rightarrow	oplied For ot Applicable
Zip ·	Country			Zip Country		try	5.	Certificate of Status Desired		8.75 Add ee Require	
6. Name and Address of Current F				stered Agent	Name	7. 1	Name and Address of New F	Registered Ac	ent		
SCOTT, TIMOTHY C											
477 DROST DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
SUMMERLAND KEY FL 33042											
						City			FL	Zip Cod	le
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 .	Superhura hunad or	printed name of regis	dorad agant and titl	a diagnificable /NC	TE: Box:eloro	d Agent signature rei	numed when a	reinstation)	DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00								9. Election Campaign Fi)0 May Be
Make Check Payable to Florida Department of State								Trust Fund Contribution	on. []	Adde	d to Fees
10.	OFFICERS AND DIRECTORS 11.						. A[DDITIONS/CHANGES TO OFF			
TITLE NAME	PTD SCOTT TIM	IOTHY C		☐ Delete	TITL					☐ Change	☐ Addition
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TITLE	VSD			☐ Delete	TITL	l l				☐ Change	☐ Addition
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CITY-ST-ZIP	SUMMERLAND KEY FL				CITY	-ST-ZIP					
TITLE				☐ Delete	TITL	ł .			•	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
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NAME				_ 55,00	NAM	1				_ •	_
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	Certify that the	information sup	nlied with this	filing does not qualify	L	reportion stated	in Section	119 07(3Vi) Florida Statutes	I further certi	by that the	information
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	l, or on an attac	chment with an a	addres with	all other like empowere	ed.		. 557, 101	State too, one mat my (18)	αρροσιο ΙΙΙ		*.