2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # J66183

1. Entity Name
CUDJOE GARDENS MARINA & DIVE CENTER, INC.

Principal Place of Business	Mailing Address
477 DROST DRIVE SUMMERLAND KEY, FL 33042	477 DROST DRIVE SUMMERLAND KEY, FL 33042

DO NOT WRITE IN THIS SPACE

03192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2787614

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SCOTT, TIMOTHY C
477 DROST DRIVE
SUMMERLAND KEY, FL 33042

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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 of new registered agent (if applicable) Date Name of new registered agent (if applicable) typed or printed Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCOTT, TIMOTHY C.
STREET ADDRESS	477 DROST DR
CITY, ST, ZIP	SUMMERLAND KEY,, FL
TITLE	VSD
NAME	SCOTT, JUDITH A
STREET ADDRESS	477 DROST DR
CITY, ST, ZIP	SUMMERLAND KEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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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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: Timothy C Scott Timothy C. Scott 3/19/05 (305) 745-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number