


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K51879</b> 1. Entity Name <b>PORT COVE MAINLAND MARINA, INC.</b>		
Principal Place of Business <b>110 GEORGETOWN LANDING ROAD                  GEORGETOWN FL 32139                  US</b>		Mailing Address <b>14631 SW 87 PLACE                  MIAMI FL 33176-8022                  US</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0086983</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>KOGER, ROBERT A.                  14631 SW 87 PLACE                  MIAMI FL 33176-8022</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <b>KOGER, ROBERT A.</b> <input type="checkbox"/> Delete <b>14631 SW 87TH PLACE</b> <b>MIAMI FL 33176-8022</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                         U00000741010                          05/15/07-80013-008 150.00                     </div>
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	<b>S</b> <b>KOGER, ROBERT A.</b> <input type="checkbox"/> Delete <b>14631 SW 87TH AVE</b> <b>MIAMI FL 33176-8022</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-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 person 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: ROBERT A. KOGER, PRES. Date: 4/25/07