## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # K78672 1. Entity Name TIERRA VERDE MARINA DEVELOPMENT CORP.



Principal Place of Business

7005 CENTRAL AVENUE ST PETERSBURG, FL 33710 US Mailing Address

7005 CENTRAL AVENUE ST PETERSBURG, FL 33710 US

## **FILED** Feb 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2953493

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G., JR. 10225 ULMERTON ROAD, STE 2-A LARCO EL 34641

LANGO, I E 34041			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the patients of registered agent.	urpose of changing its registered offi	ce or registered agent, or both, in	n the State of Florida. I am fam	niliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title f	applicable (NOTE Registered Agent	signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIFFEC	TORS	·		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DST MEDLEY, EDWARD 4300 45TH ST., SOUTH ST. PETERSBURG, FL			U00000052977 2/16/04-80114-0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAPLES, JACK 1122 PARK STREET NORTH ST. PETERSBURG, FL				77
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CANNOVA, MICHAEL F. 3065 34TH ST N ST. PETERSBURG, FL		DO N	IOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	011/2/2/000/05/12	en de la composition della com		HIS SPACE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			en e		
TITLE NAME			en e		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath, that I am an officer or director of the corporation or the receiper or trustee empowered to expecute 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 343-063

Davrime Phone #