2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K78672

TIERRA VERDE MARINA DEVELOPMENT CORP.

FILED Feb 28, 2005 08:00 AM **Secretary of State**

Principal Place of Business

7005 CENTRAL AVENUE ST PETERSBURG, FL 33710 US Mailing Address

7005 CENTRAL AVENUE ST PETERSBURG, FL 33710

US



02102005

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.

DO NOT WRITE

10225 ULMERTON ROAD, STE 2-A LARGO, FL 34641				IN THIS SPACE		
	ions of registered agent.	urpose of changing its registe	ered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
			ered Agent signatur	Agent signature required when reinstating) DATE		
Fil After Ma	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				·		
TITLE Name Street address City-St-Zip	DST MEDLEY, EDWARD 4300 45TH ST., SOUTH ST. PETERSBURG, FL				U00000246526 02/28/05-80068-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAPLES, JACK 1122 PARK STREET NORTH ST. PETERSBURG, FL					
ITLE NAME STREET ADDRESS	DVP CANNOVA, MICHAEL F. 3065 34TH ST N		1	DO	NOT WRITE	
CITY-ST-ZIP	ST. PETERSBURG, FL		ı	טע	NOT WRITE	

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:

TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT Edward Medley