

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L12573

1. Entity Name
BLIND PASS MARINA, INC.



Principal Place of Business

**597 COREY AVENUE
SAINT PETERSBURG BEACH, FL 33706 US**

Mailing Address

**597 COREY AVENUE
SAINT PETERSBURG BEACH, FL 33706 US**



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2968842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOUGLASS, ROBERT A.
597 COREY AVENUE
ST PETERSBURG BEACH, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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 person named in registered agent and, if applicable,

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MEDLEY, EDWARD 4300 45 ST S ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WADSWORTH, LON C. 597 COREY AVENUE SAINT PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP DOUGLASS, ROBERT A. 597 COREY AVENUE SAINT PETERSBURG BEACH, FL 33706
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04/10/07-80036-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

Date

3606954

Daytime Phone #