

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L50124 1. Entity Name ISLAND MARINA, INC.			
Principal Place of Business PO BOX 366879 BONITA SPRINGS, FL 34135 US		Mailing Address PO BOX 366879 BONITA SPRINGS, FL 34135 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 36-3716584	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KENNETH 3194 E TAMiami TRAIL NAPLES, FL 33394		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000003326 01/20/04-80059-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARDLE, DAVID A. 4051 E. MAIN STREET SAINT CHARLES, IL 60174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, THOMAS J. 1600 E MAIN ST STE B SAINT CHARLES, IL 60174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRAWFORD, J. STEPHEN 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, RON P O BOX 366879 BONITA SPRINGS, FL 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/6/04 Daytime Phone # _____	