

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 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



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3716584

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KENNETH
3194 E TAMiami TRAIL
NAPLES, FL 33394

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000198886
01/27/05-80070-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCARDLE, DAVID A.
STREET ADDRESS	4051 E. MAIN STREET
CITY-ST-ZIP	SAINT CHARLES, IL 60174
TITLE	SD
NAME	KELLY, THOMAS J.
STREET ADDRESS	1600 E MAIN ST STE B
CITY-ST-ZIP	SAINT CHARLES, IL 60174
TITLE	AS
NAME	CRAWFORD, J. STEPHEN
STREET ADDRESS	28000 SPANISH WELLS BLVD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	V
NAME	DILLON, RON
STREET ADDRESS	P O BOX 366879
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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

Date

Daytime Phone #