

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Apr 21, 2008 08:00 A  
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



04092008 No Chg-P CR2E034 (11/05)

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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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, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000910650  
05/07/08-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCARDLE, DAVID A.  
STREET ADDRESS 1600 E MAIN ST, STE B  
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE SD  
NAME WELTY, RODNEY A  
STREET ADDRESS 1600 E MAIN ST, STE B  
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE V  
NAME DEWHIRST, NED E  
STREET ADDRESS POB 366879  
CITY-ST-ZIP BONITA SPRINGS, FL 34136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rodney A. Welty, Corp. Secretary 4-14-08 630-584-6580