



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M77190 1. Entity Name CITRUS RECREATIONAL MARINA, INC.					
Principal Place of Business 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 US			Mailing Address 10173 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2945591	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EYSTER, JAMES P. 7655 W. GULF TO LAKE HIGHWAY #14 CRYSTAL RIVER, FL 34429				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	U000000070255 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/01/04-80037-011 150.00	
NAME	EYSTER, JAMES P		NAME		
STREET ADDRESS	7655 W. GULF TO LK HWY.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHELPS, RON		NAME		
STREET ADDRESS	1897 N SQUIRREL TREE AVE		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, CARLENE M		NAME		
STREET ADDRESS	10173 N SUNCOAST BLVD #77		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, NATALIE U		NAME		
STREET ADDRESS	1036 SERPENTINE DR S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKSHEAR, JAMES		NAME		
STREET ADDRESS	2521 W FAIRWAY LOOP		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34434		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: X 			2-24-04 352 447 2299		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		