

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 016 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2945591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EYSTER, JAMES P.
10173 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 **P** ☐ Delete
NAME **EYSTER, JAMES P**
STREET ADDRESS **10173 N SUNCOAST BLVD**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **D** ☐ Delete
NAME **PHELPS, RON**
STREET ADDRESS **10173 N SUNCOAST BLVD**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **VPD** ☐ Delete
NAME **WEST, CARLENE M**
STREET ADDRESS **10173 N SUNCOAST BLVD #77**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **SD** ☐ Delete
NAME **ROBERTS, NATALIE U**
STREET ADDRESS **1036 SERPENTINE DR S**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

TITLE **D** ☐ Delete
NAME **SKIPPER, PAUL**
STREET ADDRESS **10173 N SUNCOAST BLVD**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carlene M. West **CARLENE M. WEST**

3/18/07 **352-447-2999**

352-447-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #