

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000007167

1. Entity Name
CORTEZ COVE MARINA, INC.



Principal Place of Business
2127 RINGLING BLVD #102
SARASOTA, FL 34237

Mailing Address
2127 RINGLING BLVD #102
SARASOTA, FL 34237



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0982066

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVE., WEST
BRADENTON, FL 34205

**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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIVOLTA, PIERO
STREET ADDRESS 2127 RINGLING BLVD #102
CITY - ST - ZIP SARASOTA, FL 34237

TITLE SD
NAME VENABLE, JOSEPH P
STREET ADDRESS 1400 4TH AVE WEST
CITY - ST - ZIP BRADENTON, FL 34205

TITLE D
NAME RIVOLTA, RENZO
STREET ADDRESS 2127 RINGLING BLVD #102
CITY - ST - ZIP SARASOTA, FL 34237

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

U000000277267
03/26/05-80023-008 150.00

**DO NOT WRITE
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)(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

Piero Rivolta

3/23/05

941 954 0355

Date

Daytime Phone #