

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90037 001 \*\*\*150.00  
07-10-2007 90037 002 \*\*\*\*\*8.75

**DOCUMENT # P00000098091**

1. Entity Name

MARINA'S VILLAGE STUDIOS, INC.



Principal Place of Business

925 12TH ST W  
BRADENTON, FL 34205 US

Mailing Address

5807 4TH AVE. NW  
BRADENTON, FL 34209 US

**66020219**



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1048567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINS, JOHN D  
1023 MANATEE AVE WEST  
BRADENTON, FL 34205

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 of Registered Agent (Typed or Printed Name of Registered Agent)

Signature of Officer or Director (Typed or Printed Name of Officer or Director)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PSTD  
NAME: ADAIR, MARINA PRES.  
STREET ADDRESS: 5807 4TH AVE NW  
CITY-ST-ZIP: BRADENTON, FL 34209 ☐ Delete

TITLE: V P  
NAME: MARINA, ADAIR VP  
STREET ADDRESS: 5807 4TH AVE NW  
CITY-ST-ZIP: BRADENTON, FL 34209 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 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

7/11/07 941-730-3734

Date

Daytime Phone #



ATTACHMENT  
66020219  
Division of Corporations

Annual Report

Annual Report Help

Document Number

P00000098091

Business Entity Name

MARINA'S VILLAGE STUDIOS, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 651048567  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 925 12TH ST W  
Suite, Apt. #, etc. -  
City, State BRADENTON, FL  
Zip Code & Country 34205 US

Mailing Address

Address 5807 4TH AVE. NW  
Suite, Apt. #, etc. -  
City, State BRADENTON, FL  
Zip Code & Country 34209 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HAWKINS, JOHN, D

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1023 MANATEE AVE WEST

Suite, Apt. #, etc. -

City, State BRADENTON, FL

Zip Code & Country

34205

US

66020219  
#P00000098091

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PSTD		
Name (Last, First, Middle, Title)	ADAIR	MARINA	<del>PRES.</del> PVT SD

- OR -

Entity Name to serve as  
Officer/Director

Street Address	5807 4TH AVE NW	
City, State	BRADENTON	FL
Zip Code & Country	34209	US

Title	VP		
Name (Last, First, Middle, Title)	ADAIR	MARINA	VP

- OR -

Entity Name to serve as  
Officer/Director

Street Address	5807 4TH AVE NW	
City, State	BRADENTON	FL
Zip Code & Country	34209	US

Title			
Name (Last, First, Middle, Title)	ADAIR	MARINA	SEC

- OR -

Entity Name to serve as  
Officer/Director

Street Address	5807 4TH AVE NW	
City, State		

66020219  
# P00000098091  
FL

BRADENTON

Zip Code &amp; Country

34209

Title

Name (Last, First, Middle, Title)

ADAIR

MARINA

TREA

- OR -

Entity Name to serve as  
Officer/Director

Street Address

5807 4TH AVE NW

City, State

BRADENTON

FL

Zip Code &amp; Country

34209

Title

Name (Last, First, Middle, Title)

ADAIR

MARINA

DIR

- OR -

Entity Name to serve as  
Officer/Director

Street Address

5807 4TH AVE NW

City, State

BRADENTON

FL

Zip Code &amp; Country

34209

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PTSD

 PTSD

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that

ATTACHMENT

66020219

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May 8, 2007

Dear Sirs  
Corporation Filing dept.

I am just returning home from an emergency trip to Texas where a family member was very sick with Lupus disease. We made this trip to basically say our good byes as her platelets had fallen to critical stage. I took my daughter out of school my husband and I took leave in order to do this. In the turmoil of all the emotions I inadvertently left realizing that I didn't receive the annual card that is sent by your dept every year. But because I have filed online before, I tried around the 28th of April and yes there I was. In speaking to one of your reps she asked me if I paid online and entered the credit card info and I replied that I submitted it and it went off. I was of the impression that it was automatically taken out of the already established account from last year. Mrs. Margiotta went on to inform me that then my filing would have not been filed correctly. Mistake on my part, I know. I know it was in haste considering my families circumstances.

ATTACHMENT

66020219

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Please accept this payment now of \$150.00 for the filing fee, as just a one time mistake for givenness. I wasn't in the right state of mind and this would never happen again.

I can't afford the late fee to affect my reputation with you. I value the relationship and don't want this black mark against me. And please, accept my apologies for only inconvenience. I respectfully appreciate your consideration.

Respectfully.

Marina Adair, PVTSD  
Marina's Village Studios, Inc.

home: 941 795-6499

cell: 941 730-3734

PS. You may receive a filing online as well but with no monies, but your rep- Miss. Marquita advised me to download again print it and send it with a letter of explanation along with the filing fee.