2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# P00000105411

Entity Name: MID-BAY MARINA, INC.

Current Principal Place of Business:

688 REGATTA BAY BLVD.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4460 LEGENDARY DRIVE
SUITE 400
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3683226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
330A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOS, PETER H
Address: 4460 LEGENDARY DRIVE SUITE 400
City-St-Zip: DESTIN, FL 32541

Title: VT ( ) Delete
Name: BUSFIELD, DAVID
Address: 4460 LEGENDARY DRIVE SUITE 400
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete
Name: CRAUL, BRUCE
Address: 4460 LEGENDARY DRIVE SUITE 400
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete
Name: PARKER, WENDY
Address: 4460 LEGENDARY DRIVE SUITE 400
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete
Name: BOS, PETER H III
Address: 4460 LEGENDARY DR STE 400
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOS, PETER H JR
Address: 4460 LEGENDARY DRIVE SUITE 400
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY PARKER S 04/07/2004

Electronic Signature of Signing Officer or Director Date