

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000013725

1. Entity Name
MATANZAS PASS MARINA, INC.



Principal Place of Business

**1661 ESTERO BLVD.
#24
FORT MYERS BEACH, FL 33934**

Mailing Address

**1661 ESTERO BLVD.
#24
FORT MYERS BEACH, FL 33934**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1101102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHENKO, WILLIAM E JR
1661 ESTERO BOULEVARD
SUITE 24
FORT MYERS BEACH, FL 33931**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHENKO, WILLIAM E JR
STREET ADDRESS	1661 ESTERO BLVD. #24
CITY- ST- ZIP	FORT MYERS BEACH, FL 33934
TITLE	D
NAME	VON ARX, JOAN
STREET ADDRESS	859 CYPRESS LAKE CR
CITY- ST- ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	SHENKO, JAMES R
STREET ADDRESS	P.O. BOX 279 1922 VICTORIA AVE
CITY- ST- ZIP	FORT MYERS, FL 33902
TITLE	D
NAME	MIMS, ANN S
STREET ADDRESS	305 ASHWICK CT.
CITY- ST- ZIP	SPARTANBURG, SC 29301
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/10/06-80033-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05

Date

239 463 3180

Daytime Phone #