


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000055640	
1. Entity Name INTRACOASTAL MARINA OF MELBOURNE, INC.	

Principal Place of Business 705 S. HARBOUR CITY BLVD. MELBOURNE, FL 32901	Mailing Address 705 S. HARBOUR CITY BLVD. MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3732740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROMANDETTI, CHRIS 705 S HARBOR CITY BLVD MELBOURNE, FL 32901	

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	1100000284584 04/02/05-80011-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMANDETTI, CARMEN C 705 S. HARBOUR CITY BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMANDETTI, CHRISTIAN C 705 S. HARBOUR CITY BLVD. MELBOURNE, FL 32901
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: 	3/22/05	321-725-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #