


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90050 007 \*\*\*150.00

<b>DOCUMENT # P01000105731</b> 1. Entity Name <b>SUWANNEE MARINA, INC.</b>					
Principal Place of Business <b>49 SW 908 AVE SUWANNEE, FL 32692</b>			Mailing Address <b>PO BOX 219 SUWANNEE, FL 32692</b>		
2. Principal Place of Business - No P.O. Box # <b>49 SE 903 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 219</b> Suite, Apt. #, etc.			
City & State <b>Suwannee, FL</b> Zip <b>32692</b> Country <b>DIXIE</b>		City & State <b>Suwannee, FL</b> Zip <b>32692</b> Country <b>DIXIE</b>		4. FEI Number <b>59-3756252</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOLCOMB, KARIN M 122 SE 899 AVE SUWANNEE, FL 32692</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. HOLCOMB, CRAIG 122 SE 899 AVE SUWANNEE, FL 32692</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST HOLCOMB, KAREN M 122 SE 899 AVE SUWANNEE, FL 32692</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE: Karin Holcomb</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>1-16-07 352-542-9159</b> Date Daytime Phone #		