FILED
Apr 16, 2007 8:00 am
Secretary of State
04-02-2007 90071 013 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107720

1. Entity Name
BELLE HARBOUR MARINA CORPORATION

66009348

Principal Place of Business	Mailing Address
307 ANCLOTE ROAD TARPON SPRINGS, FL 34689	307 ANCLOTE ROAD TARPON SPRINGS, FL 34689
2. Principal Place of Business - No P.O. Box #: 7914 WOBURN ST	3. Mailing Address: 7914 WOBURN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY	City & State: NEW PORT RICHEY
Zip: 34653 Country: USA	Zip: 34653 Country: USA

03262007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3757115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANK, JOHN MURRAY JR
7914 WOBURN ST.
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

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] JOHN MURRAY FRANK JR 3/29/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	FRANK, JOHN MURRAY JR.	
STREET ADDRESS	7914 WOBURN STREET	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	ST	☐ Delete
NAME	FRANK, SHARON	
STREET ADDRESS	7914 WOBURN STREET	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] 4-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #