

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90060 020 ***150.00

DOCUMENT # P02000017272

1. Entity Name
RICHARD'S MARINA & MOBILE REPAIR, INC.



Principal Place of Business
**5149 PINE ISLAND ROAD
 BOKEELIA, FL 33922**

Mailing Address
**5149 PINE ISLAND ROAD
 BOKEELIA, FL 33922**

50013510



2. Principal Place of Business
204 Rose Street
 Suite, Apt. #, etc.

3. Mailing Address
204 Rose Street
 Suite, Apt. #, etc.
North Fort Myers

01132005 Chg-P CR2E034 (10/03)

City & State
North Fort Myers Florida

City & State
Florida

Zip
33903 Country **Lee**

Zip
33903 Country **Lee**

4. FEI Number
45-0466278

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRYANT, RICHARD Q
 5149 PINE ISLAND ROAD
 BOKEELIA, FL 33922**

7. Name and Address of New Registered Agent

Name
Bryant, Richard Q

Street Address (P.O. Box Number is Not Acceptable)
204 Rose Street

City
North Fort Myers **FL** Zip Code
33903

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]*
(Signature: typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating). DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, RICHARD R 204 ROSE STREET NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, DEBRA 204 ROSE STREET NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #