FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000080496

1. Entity Name
SUNRAY MARINE OF COLLIER, INC.

Principal Place of Business	Mailing Address
9571 CYPRESS LAKE DRIVE FORT MYERS, FL 33919	9571 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
47-0886041
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, TIMOTHY
9770 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	BROOKS, TIMOTHY
STREET ADDRESS	997 CYPRESS LAKE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	KELLY, MICHAEL
STREET ADDRESS	17364 HOMEWOOD ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80059-018 150.00

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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)(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: Timothy Brooks Mrs Timothy Brooks 4/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #