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Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90036 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000118549

1. Entity Name
DAVOREN MARINA, INC.

94047752

Principal Place of Business	Mailing Address
9 KENMORE LANE BOYNTON BEACH, FL 33453	9 KENMORE LANE BOYNTON BEACH, FL 33453

2. Principal Place of Business	3. Mailing Address
1357 US 27th So.	1357 US 27th So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, Fl	City & State: Lake Placid, Fl
Zip: 33852 Country: USA	Zip: 33852 Country: USA

02282004 Chg-P CR2E034 (10/03)

4. FEI Number: 56-2302067 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVOREN, WILLIAM T
9 KENMORE LANE
BOYNTON BEACH, FL 33453

7. Name and Address of New Registered Agent

Name: Davoren, William T.
Street Address (P.O. Box Number is Not Acceptable): 1357 US 27th So.
City: Lake Placid FL Zip Code: 33852

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] DATE 4-6-04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	DAVOREN, WILLIAM T	NAME	Davoren, William T.
STREET ADDRESS	9 KENMORE LANE	STREET ADDRESS	1357 US 27th So.
CITY-ST-ZIP	BOYNTON BEACH, FL 33453	CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 4-6-04 (863) 441-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #