

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047722

FILED  
May 05, 2007  
Secretary of State

Entity Name: ISLAND TIME BOATING CENTERS, INC.

**Current Principal Place of Business:**

464 BOUCHELLE DR  
#304  
NEW SMYRNA BEACH, FL 321695414

**New Principal Place of Business:**

**Current Mailing Address:**

464 BOUCHELLE DR  
#304  
NEW SMYRNA BEACH, FL 321695414

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARIANDE, GUY A  
464 BOUCHELLE DR  
#304  
NEW SMYRNA BEACH, FL 321695414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARIANDE, GUY A  
Address: 464 BOUCHELLE DR #304  
City-St-Zip: NEW SMYRNA BEACH, FL 321695414

Title: ST ( ) Delete  
Name: REIKER, JUDITH A  
Address: 464 BOUCHELLE DR #304  
City-St-Zip: NEW SMYRNA BEACH, FL 321695414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY MARIANDE

PRES

05/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date