2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000066923

1. Entity Name

R.D. MARINA II, INC.



FILED Feb 12, 2004 8:00 am Secretary of State 02-12-2004 90016 017 ***150.00

			1	O WE THE					
Principal Place of Business		Mailing Address			- 	440111	J4		
417 - 12TH STREET WEST SUITE 200 BRADENTON, FL 34205		417 - 12TH STREET WEST SUITE 200 BRADENTON, FL 34205		(
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192004	Chg-P	CR2E034 (1	10/03)	
City & State		City & State		4. FEI Numb	er 17004	75	<u> </u>	plied Fo	
Zip	Country	Zip	Country	Country		of Status Desired		75 Add Require	
	6. Name and Address of Current	Registered Agent	Na		7. Name and	Address of New F	Registered Agen	t	
GREENE.	ROBERT F	*	Nar	16					
	I AVENUE WEST		Street Address		(P.O. Box Numb	er is Not Acceptabl	e)		
BRADENT	ON, FL 34205		L						
			City				FL Z	Zip Codi	Э
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered offi	e or registe	ered agent, or bo	th, in the State of FI	orida. I am famili	ar with,	and acc
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent	ignature require	ed when reinstating)		DATE		
		1				I			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS	I /CHANGES TO OFF	ICERS AND DIR	ECTOR	S IN 11
NAME	P CARTER, MICHAEL M	☐ Delete	TITLE NAME					Change	☐ Ad
STREET ADDRESS	1201 - 9TH AVENUE WEST		STREET ADDR	ESS					
CITY-ST-ZIP	BRADENTON, FL 34205 VP	F ^{m1} a	CITY-ST-ZIP				Ο.	^h	
title Name	WALKER, LINDA	☐ Delete	TITLE NAME				□ '	Change	☐ Ad
STREET ADDRESS	•			ESS					
CITY-ST-ZIP	BRADENTON, FL 34205	•	CITY-ST-ZIP						
TITLE	ST CARTER MICHAELM	☐ Delete	TITLE			•		Change	☐ Ad
NAME Street address	CARTER, MICHAEL M 1201 - 9TH AVENUE WEST		NAME STREET ADDE	ESS					
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Ad
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAMÉ		☐ Delete	TITLE NAME					Change	☐ Ad
STREET ADDRESS			STREET ADDR	ESS			•		
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 direct 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 changed, or on an attachment with an address, with all other like empowered. 941

SIGNATURE:

1-19-04

749-5875