## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT

DOCUMENT # P03000106879

1. Entity Name

SANTA'S MARINE AND EVENT SERVICES, INC.



**FILED** Feb 01, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

4263 BELLAIRE DRIVE HERNANDO BEACH, FL 34607 4263 BELLAIRE DRIVE HERNANDO BEACH, FL 34607



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0338907

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTASANIA, SCOTT 4263 BELLAIRE DR HERNANDO BEACH, FL 34607

SIGNATURE:

## DO NOT WRITE

				iN	I HIS SPACE
8. The above the obligat	named entity submits this statement for the patients of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and life	applicable (NOTE Registered	l Agent signature	required when reinstalling)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PD SANTASANIA, SCOTT 4263 BELLAIRE DRIVE	DTORS			U00000615920 02/07/07-80007-006 150.00
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	HERNANDO BEACH, FL 34607  STD  SANTASANIA, SCOTT  4263 BELLAIRE DRIVE  HERNANDO BEACH, FL 34607			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor changed,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, without	ling does not qualify for the exe and accurate and that my signate if to execute this report as require other like empowered.	mptions cor ura shall hat ac by Chap	ntained in Chapter 119 re the same legal effecter 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if</li> </ol>