

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000150433**

1. Entity Name  
**MARINE TRADING POST OF NAPLES, INC.**



Principal Place of Business  
**2305 DAVIS BLVD.  
NAPLES, FL 34104**

Mailing Address  
**2305 DAVIS BLVD.  
NAPLES, FL 34104**



03142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0375532**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KELLERMANN, CLARENCE  
2305 DAVIS BLVD.  
NAPLES, FL 34104**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
KELLERMANN, CLARENCE  
1156 N. TAMiami TRIAL  
N. FT. MYERS, FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
CLYNE, MELINDA  
620 PADGETT MILL RD.  
COSBY, TN 37722**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
KELLERMANN, JOSEPH W  
1581 WINSTON RD.  
N. FT. MYERS, FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000865794  
04/08/08-80003-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-08 793-5800**