

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000010870
 1. Entity Name
 WHITE MARLIN MARINA, INC.



Principal Place of Business: 1324 COCO PLUM DRIVE, MARATHON, FL 33050 US
 Mailing Address: 1324 COCO PLUM DRIVE, MARATHON, FL 33050 US

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01172007 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-0600065 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WRIGHT, THOMAS D
 9711 OVERSEAS HIGHWAY
 MARATHON, FL 33050

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000623056
 02/13/07-80051-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	DEMARAS, ELIZABETH S
STREET ADDRESS	1324 COCO PLUM DRIVE
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	ST
NAME	DEMARAS, ELIZABETH S
STREET ADDRESS	1324 COCO PLUM DRIVE
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ELIZABETH SUE DEMARAS Elizabeth S. Demaras 1/17/07 305-743-9989
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #