

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059225

FILED  
May 21, 2007  
Secretary of State

Entity Name: CEDAR KEY MARINA, INC.

**Current Principal Place of Business:**

12780 STATE ROAD 24  
CEDAR KEY, FL 32625 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFIOCE BOX 744  
CEDAR KEY, FL 32625 US

**New Mailing Address:**

FEI Number: 20-1113800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BECK, PHILLIP K  
11151 NW 115TH STREET  
CHIEFLAND, FL 32626 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: SMITH, JOHN D  
Address: POST OFFICE BOX 866  
City-St-Zip: CEDAR KEY, FL 32625 US

Title: T ( ) Delete  
Name: SMITH, JANEICE F  
Address: POST OFFICE BOX 866  
City-St-Zip: CEDAR KEY, FL 32625 US

Title: S ( ) Delete  
Name: SMITH, JANEICE F  
Address: POST OFFICE BOX 866  
City-St-Zip: CEDAR KEY, FL 32625 US

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

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

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: JOHN SMITH

PRES

05/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date