## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2005 8:00 am Secretary of State **DOCUMENT # P04000114341** 04-21-2005 90259 009 \*\*\*158.75 THE COVE MARINA & RESTAURANT, INC. Principal Place of Business Mailing Address 641 S.W. 16TH STREET. 641 S.W. 16TH STREET 50042038 BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address /645 SE 645 SE Suite, Apt. #, etc Suite, Apt. #, etc. 03092005 CR2E034 (10/03) Chg-P 4. FEI Number 20 - 146757 1 City & Stafe Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIELDS, RANDOLPH H GREENBERG TRAURIG, P.A. 450 S. ORANGE AVENUE, SUITE 650 ORLANDO, FL 32801 City 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 agent and tale of applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITI F TITLE ☐ Change Addition NAME Enneth STREET ADORESS STREET ADDRESS 45,SE CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Vice President ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS \_CITY-ST-ZIP \_ CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT3 F ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT: F ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 the like empowered. SIGNATURE:

**FILED**