
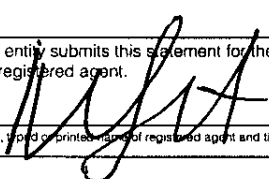
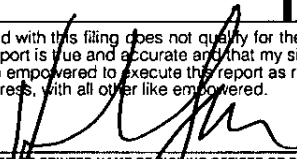


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

4001834



01162006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000133817</b>				02-27-2006 90054 046 ***150.00	
1. Entity Name <b>SOUTHWEST FLORIDA MARINE INDUSTRIES ASSOCIATION, INC.</b>					
Principal Place of Business <b>P O BOX 1510 FORT MYERS, FL 33902 US</b>		Mailing Address <b>P O BOX 1510 FORT MYERS, FL 33902 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1520450</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STEAD, KEN 1314 B NORTH TAMiami TRAIL NORTH FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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:  <b>Exec Director</b> DATE: <b>2-1-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PAST PRES RILEY, PAT 5601 PALM BEACH BLVD FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Pres Thomas Nichols 27760 S. Tamiami Trl Bonita Springs, FL 34134</b> <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Change		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP FISCHER, TOM 13400 PALM BEACH BLVD FORT MYERS, FL 33905</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA STRAUSS, RICHARD 2533 NE 9TH AVE CAPE CORAL, FL 33903</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECR MILLER, VIVIAN 1506 SE 46TH STREET CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIR WILSON, HANS 1938 HILL AVE FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIR CHASE, MARK 16991 SR 31 FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		<b>2-1-06 239-656-7083</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			