



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-23-2006 90052 010 ***150.00

DOCUMENT # P05000160514			
1. Entity Name TV MARINA MANAGEMENT, INC.			
Principal Place of Business 2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 33765		Mailing Address 2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 33765	
2. Principal Place of Business 14001- 63rd Way N		3. Mailing Address 14001- 63rd Way N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33760	Country USA	Zip 33760	Country USA
4. FEJ Number 20-3932203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, THOMAS C 2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or without like empowered.			
SIGNATURE: 		Date: 1/6/06 Daytime Phone #: 727-538-2669	



ATTACHMENT

#66001847

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2006

TV MARINA MANAGEMENT, INC.
14001-63RD WAY N
CLEARWATER, FL 33765

Subject: TV MARINA MANAGEMENT, INC.

Reference Number: P05000160514

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION