

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067073

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** ST. MARKS WATERFRONTS FLORIDA PARTNERSHIP INCORPORATED

**Current Principal Place of Business:**

1184 LOWER BRIDGE ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

1184 LOWER BRIDGE ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 26-2981510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTWOOD, PAMELA B  
1184 LOWER BRIDGE ROAD  
CRAWFORDVILLE, FL 32327 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BISHOP, BILLY  
Address: P. O. BOX 161  
City-St-Zip: ST. MARKS, FL 32355

Title: VP ( ) Delete  
Name: PUTNAM, DEBORAH  
Address: P. O. BOX 654  
City-St-Zip: ST. MARKS, FL 32355

Title: S/T ( ) Delete  
Name: PORTWOOD, PAMELA  
Address: 1184 LOWER BRIDGE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**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:** PAMELA B. PORTWOOD

S/T

03/03/2009

Electronic Signature of Signing Officer or Director

Date