

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003777

FILED
Sep 23, 2004
Secretary of State

Entity Name: DOCTORS LAKE MARINA, INC.

Current Principal Place of Business:

3108 US 17 SOUTH
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

3108 US 17 SO
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-3152950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, WILLIAM A III
4729 US HIGHWAY 17
OARNGE PARK, FL 32003 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: PD () Delete
Name: YONGE, PHILLIP D
Address: 6203 WEST SHORES RD
City-St-Zip: ORANGE PARK, FL 32203

Title: VPD () Delete
Name: ARAMOONIE, EMIL S
Address: 7203 SAN PEDRO DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD () Delete
Name: LAMPE, D.L.
Address: 2216 TIVOLI LANE
City-St-Zip: JACKSONVILLE, FL 32259

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 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 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: PHILLIP D. YONGE

PD

09/23/2004

Electronic Signature of Signing Officer or Director

Date