


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000004533</b> 1. Entity Name <b>PIRATES LANDING MARINA, INC.</b>	
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Principal Place of Business <b>COUNTY ROAD 376 CARABELLE, FL 32322</b>	Mailing Address <b>PO BOX 1341 CARRABELLE, FL 32322</b>
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**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3166111</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**SAUNDERS, CHRISTINA  
COUNTY ROAD 376  
PO BOX 1341  
CARRABELLE, FL 32322**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>SAUNDERS, TIMOTHY C SR COUNTY ROAD 376 CARABELLE, FL 32322</b>
TITLE <b>ST</b>	<b>SAUNDERS, CHRISTINA COUNTY ROAD 376 CARABELLE, FL 32322</b>
TITLE <b>V</b>	<b>SAUNDERS, TIMOTHY C JR COUNTY RD 376 CARRABELLE, FL 32322</b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>

**DO NOT WRITE  
IN THIS SPACE**

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05/05/04-80041-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Christina Saunders S/T **4-30-04** **850697-2778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Christina Saunders*