## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # P9400002.  1. Entity Name MARINER COVE MARINA, INC.	3971		Secretary of State			
Principal Place of Business 12478 MASTERS RIDGE JACKSONVILLE, FL 32225	Mailing Address 12478 MASTERS RIDGE JACKSONVILLE, FL 32225			157 Min i Maili Awili Wali		
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DO NOT WRITE IN THIS SPACE		CE	04062005  4. FEI Number 59-32322  5. Certificate of	·· <del></del>		Applied For Not Applicable Additional
6. Name and Address of Curren	t Registered Agent	<u> </u>	5. Certificate of	Status Desired	Fee Req	ulred
WEST, ALICE S == 11342 SKIMMER CT. JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement in the obligations of registered agent.  SIGNATURE  Speakure typed or printed name of registered agent.	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	ed office or registe		in the State of Flo	rlda. I am familiar v	vith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.			.00 May Be sted to Fees			
10. OFFICERS AND	DIRECTORS		·			. ——-
TITLE D  NAME WILLIAMS, ANDREW H  STREET ADDRESS 12478 MASTERS RIDGE CITY-ST-ZIP JACKSONVILLE, FL 32225			i.		307308 80046-018	150.00
ITILE ST  NAME WEST, ALICE S  STREET ADDRESS 11342 SKIMMER CT	e e e e e e e e e e e e e e e e e e e		•			~

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12. I hereby certify that the information supplied with this lifting 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:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

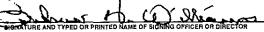
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WILLIAMS, ANDREW H

12487 MASTERS RIDGE



4130

904-996-2575 Daytime Phone #