2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P94000057314 1. Entity Name 04-12-2004 90647 012 ***150.00 M. M. 97.5 KEY LARGO OCEANSIDE MARINA, INC. Mailing Address Principal Place of Business 81 E SECOND ST KEY LARGO FL 33007 US MM 975 PO BOX 888 **04UJ1J/b** KEY LARGO FL 33037 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0675820 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOIA SPARROW, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 81 E. SECOND ST. KEY LARGO FL 33070 SECOND Zip Code . **33** a . 3 ጋ 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete PRES Addition TITLE TITLE STOTA SPARROW, ROBERT J NAME NAME SAM STREET ADDRESS 81 EAST SECIBD ST. STREET ADDRESS SECOND ST CITY-ST-ZIP KEY LARGO FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition AUSTIN, ALANA NAME STREET ADDRESS 81 EAST SECOND ST STREET ADDRESS CITY-ST-ZIP KEY LARGO FL-33037 CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171*F* ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: