

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P94000057314

1. Entity Name
M. M. 97.5 KEY LARGO OCEANSIDE MARINA, INC.



Principal Place of Business
**81 E SECOND ST
KEY LARGO, FL 33007 US**

Mailing Address
**MM 975
PO BOX 888
KEY LARGO, FL 33037 US**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0675820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOIA, SAM
81 E. SECOND ST.
KEY LARGO, FL 33070**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000701974
04/28/07 00073 010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOIA, SAM
STREET ADDRESS	81 EAST 2ND STREET
CITY - ST - ZIP	KEY LARGO, FL
TITLE	D
NAME	AUSTIN, ALANA
STREET ADDRESS	81 EAST SECOND ST
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SAM STOIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 305-852-2025
Date Daytime Phone #