


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000080352 |  |
| 1. Entity Name MARINA APARTMENTS, INC. | |

| | |
|---|---|
| Principal Place of Business P.O. BOX 85 WEST PALM BEACH, FL 33402 | Mailing Address P.O. BOX 85 WEST PALM BEACH, FL 33402 |
|---|---|

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0530131 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent JOHNSON, SCOTT A 505 S. FLAGLER DR. STE #1010 WEST PALM BEACH, FL 33401 | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000339649 04/28/05-80079-024 150.00 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, RICHARD S JR. 505 S FLAGLER DR SUITE 1010 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS JOHNSON, SCOTT A 505 S FLAGLER DR SUITE 1010 WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KOENIG, PATRICK 505 S FLAGLER DR SUITE 1010 WEST PALM BEACH, FL 33401 |
| 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 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:  | Scott A. Johnson | 4/27/05 | 561-655-7200 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |