2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2005 08:00 AM DOCUMENT # P95000035172 Secretary of State 1. Entity Name SALT SPRINGS RUN MARINA & LANDING, INC. Principal Place of Business Mailing Address 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3316283 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONES, DONALD J JR. Street Address (P,O. Box Number is Not Acceptable) 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134 Zip Code City 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 little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State U00000199527 OFFICERS AND DIRECTORS 10. 11. A DEFICIE SAND DIRECTORSON 11 Addition Change THILE **PVST** ☐ Delete TITLE DONES, DONALD J JR NAME NAME STREET ADDRESS. STRLET ADDRESS 25711 NORTH EAST 134TH PLACE CHTY-ST-ZIP SALT SPRINGS FL CITY-ST-ZIP Addition Change Delete ittle THE DONES, DONALD J JR NAME STREET ADDRESS STREET ADDRESS 25711 NORTH EAST 134TH PLACE CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete THE MARAE STREET AUDRESS STREET ADDRESS CULY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Hluf TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of address, with all other like empowered.

FILED