2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000035172

1. Entity Name

SIGNATURE:

SALT SPRINGS RUN MARINA & LANDING, INC.



FILED Feb 14, 2008 08:00 Al Secretary of State

Principal Place of Business 25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134		Mailing Address						
		25711 NORTH EAST 134TH PLACE SALT SPRINGS FL 32134						
2. Principal Place of Business - No P.C. Box #		3. Mailing Addross		1121	4((44) 4 314) 31111 30(((44)) 3311) 33144		 	
Suite, Apt. #, etc.		Suite, Apt, #, etc.		1st MOORE CR2E034 (10/07)				
City & State		City & State			4. FEI Numb	^{per} 59-3316283	<u> </u>	oplied For
Zıp	Country	Zip	Zip Country		5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required		
Name and Address of Current Registered Agent					7. Name an	d Address of New Registere	ed Agent	
				Name				
257	NES, DONALD J JR. 11 NORTH EAST 134TH PL .T SPRINGS FL 32134	CE		Street Address (P.O. Box Number is Not Acceptable)				
				City		F	Zip Cod	· ·
	named entity submits this statement folions of registered agent.	r the purpose of changing i	ls registered	office or registe	ered agent, or bo	oth, in the State of Florida. Ta	ım familiar with,	and accept
SIGNATURE	Signature, typed or printed hanks all regit tated agent	arktitle flamplicacie. (NC	OTE Registried A	gar Leignature requir	аа мпол голостай да	DAT	. <u></u>	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department o				·	Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DONES, DONALD J JR 25711 NORTH EAST 134TH PLAC SALT SPRINGS FL	□ Derete	TITLE NAME STREET	ADORESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONES, DONALD J JR 25711 NORTH EAST 134TH PLAC SALT SPRINGS FL	☐ Derete	TITLE	ADERESS		U00000827178 02/21/08-80079-	Change -015 150.	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	_ um - ^ u	□ Derete	TITLE HAME STREET. CITY-ST	ADDRESS F-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□: Deiète	TITLE NAME STREET CITY-SE	ADDRESS 1- ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ De∵ele	TITLE NAME STREET	ADDRESS -ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Devate	TITLE NAME STREET A CITY-ST	ADDRESS 1- ZIP			☐ Change	Addibon
12. I hereby indicated of the colif change	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trusted amp to, or on an attachment with an address	h this filing does not qualify a true and accurate and that provered to execute this rep- s, with all other like emoow	for the exer my signatur ort as require ered.	mptions contain re shall have the ed by Chapter 6	ed in Section 11 e same legal effe 607, Florida Statu	 Florida Statutes I further of ect as if made under oath; that utes; and that my name appear 	certify that the is t I am an officer ars in Block 10 o	ntormation or director or Block 11