

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90083 019 \*\*\*150.00

**DOCUMENT # P95000075270**

1. Entity Name  
 ISLAND MARINA OF MARATHON, INC.



Principal Place of Business      Mailing Address

5190 OVERSEAS HWY      5190 OVERSEAS HWY  
 MARATHON, FL 33050      MARATHON, FL 33050

**50031649**



**DO NOT WRITE IN THIS SPACE**

03142005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0616369</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPLIN, F. JAMES  
 5190 OVERSEAS HIGHWAY  
 MARATHON, FL 33050

**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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, F. JAMES 5190 OVERSEAS HWY MARATHON, FL 33050
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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 the address, with all other like empowered.

SIGNATURE: *F. James Chaplin*      Date: 3/28/05      Daytime Phone #: 315-443-9424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #