


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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

DO NOT WRITE IN THIS SPACE



04012007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0616369 Not Applicable

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 _____
Signature, typed or printed name of registered agent and title if applicable

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPLIN, F. JAMES
STREET ADDRESS	5190 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	D
NAME	CHAPLIN, BETTE B
STREET ADDRESS	5190 OVERSEAS HWY
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000701776
04/20/07-80070-022 150.00

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: *F. James Chaplin* Date: 4-10-7 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR