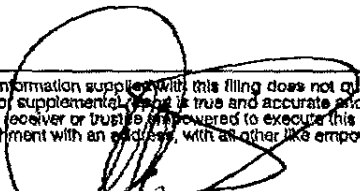


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000054416		
1. Entity Name MID-ISLAND MARINA, INC.		
Principal Place of Business 1503 SE 46TH LANE CAPE CORAL, FL 33904	Mailing Address 1510 SE 46TH LN CAPE CORAL, FL 33904	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FIGUERADO, JAMES JR 4765 ESTERO BLVD FT MYERS BEACH, FL 33931		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 FIGUERADO, JAMES JR 4765 ESTERO BLVD FT MYERS BEACH, FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUERADO, DEBORAH 4765 ESTERO BLVD FT MYERS BEACH, FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0694780	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U000000541393
05/10/06-80057-020 150.00

**DO NOT WRITE
IN THIS SPACE**