


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000086672 1. Entity Name SCIPIO CREEK MARINA, INC.	
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Principal Place of Business 301 MARKET STREET APALACHICOLA, FL 32320 US	Mailing Address PO BOX 398 APALACHICOLA, FL 32329 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3473993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CREAMER, CHARLES W VANFLEET ST. GREATER APALACHICOLA APALACHICOLA, FL

**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000153559
07/07/04-80011-019 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREAMER, CHARLES W VANFLEET ST., GREATER APALACHICOLA APALACHICOLA, FL 32329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREAMER, THELMA A VANFLEET ST., GREATER APALACHICOLA APALACHICOLA, FL 32329
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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: Charles W Cramer 7/1/04 (850) 653-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #