

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000086672

1. Entity Name

SCPIO CREEK MARINA, INC.



FILED

05 NOV 29 PM 4:01

SEC. 1



Principal Place of Business

301 MARKET STREET
APALACHICOLA FL 32320
US

Mailing Address

PO BOX 398
APALACHICOLA FL 32329
US

2. Principal Place of Business

3. Mailing Address

REINSTATEMENT 2005

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3473993

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREAMER, CHARLES W
VANFLEET ST.
GREATER APALACHICOLA
APALACHICOLA FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CREAMER, CHARLES W
STREET ADDRESS VANFLEET ST., GREATER APALACHICOLA
CITY-STATE-ZIP APALACHICOLA FL 32329

TITLE D ☐ Delete
NAME CREAMER, THELMA A
STREET ADDRESS VANFLEET ST., GREATER APALACHICOLA
CITY-STATE-ZIP APALACHICOLA FL 32329

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200060916392
CITY-STATE-ZIP 10/25/05--01024--008 **\$550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200060916392
CITY-STATE-ZIP 11/29/05--01016--001 **\$200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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. Creamer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-05

Date

(850) 653-8030

Daytime Phone #