


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90042 022 \*\*\*150.00

<b>DOCUMENT # P97000086672</b> 1. Entity Name <b>SCIPIO CREEK MARINA, INC.</b>					
Principal Place of Business <b>301 MARKET STREET APALACHICOLA, FL 32320 US</b>			Mailing Address <b>PO BOX 398 APALACHICOLA, FL 32329 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 462</b> Suite, Apt. #, etc.			
City & State <b>Apalachicola FL</b>		City & State <b>Apalachicola FL</b>		4. FEI Number <b>59-3473993</b>	
Zip <b>32320</b>		Country <b>Franklin</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CREAMER, CHARLES W VANFLEET ST. GREATER APALACHICOLA APALACHICOLA, FL</b>				7. Name and Address of New Registered Agent Name <b>Thelma A Creamer</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 Ellis Van Vleet Street</b> City <b>Apalachicola</b> FL <b>32320</b>	
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 <u><i>Thelma A. Creamer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CREAMER, CHARLES W</b> <input checked="" type="checkbox"/> Delete <b>VANFLEET ST., GREATER APALACHICOLA APALACHICOLA, FL 32329</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Thelma A Creamer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 Ellis Van Vleet Street Apalachicola FL 32320</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CREAMER, THELMA A</b> <input type="checkbox"/> Delete <b>VANFLEET ST., GREATER APALACHICOLA APALACHICOLA, FL 32329</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Thelma A. Creamer</i></u> <b>Thelma A Creamer</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Director</b>					