

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91048 030 ***150.00

DOCUMENT # P97000101857

1. Entity Name

SALT SHAKER MARINE CUSTOM YACHTS, INC.



Principal Place of Business
**25096 MARION AVENUE
PUNTA GORDA FL 33950**

Mailing Address
**PO BOX 510146
PUNTA GORDA FL 33951
US**

66421833



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0798790**

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

**MAGGIO, MITZI
25096 MARION AVENUE
PUNTA GORDA FL 33950**

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

Mitzi Maggio
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

4/20/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$350.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CARSON, HARRY SR.
189 FOREMAN ROAD
FREEPORT PA 16229** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D CARSON, HARRY JR.
189 FOREMAN ROAD
FREEPORT PA 16229** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MAGGIO, JOSEPH
25096 MARION AVENUE
PUNTA GORDA FL 33950** ☐ Delete

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Maggio
JOSEPH MAGGIO

5/10/04 (941) **575-0900**
Date Daytime Phone #