

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**

04212005 No Chg-P CR2E034 (10/03)

4. FCI Number  
**65-0798790**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**000000328643  
04/25/05-80084-022 150.00**

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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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 I've empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/05**

DATE

**(941)  
375-0900**

DATE OF FILING