## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 28, 2005 8:00 am DOCUMENT # P98000030613 Secretary of State 02-28-2005 90212 012 \*\*\*150.00 MARIAN WATERSPORTS, INC. Principal Place of Business Mailing Address 301 SANDPIPER COURT 301 SANDPIPER COURT 2001949N EDGEWATER FL 32141 **EDGEWATER FL 32141** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3505331 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Konyn, Maria B. GERDES, MARIA B Street Address (P.O. Box Number is Not Acceptable) 301 SANDPIPER COURT **EDGEWATER FL 32141** 301 Sandpiper Ct city Edgewater 9. 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. 07-27-05 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ... TITLE Change ☐ Addition ☐ Delete Konijn, Maria B. 301 Sandpiper Court Edgewater, Fl. 32141 GERDES MARIA B NAME 301 SANDPRER COURT STREET ADDRESS STREET ADDRESS EDØEWATER FL 32441 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE, 3% ☐ Defete TITLE ☐ Change ☐ Addition NAME KONIJN, LOURENTIUS P J NAME 301 SANDPIPER COURT STREET ADDRESS STREET ADDRESS EDGEWATER FL 32141 CITY-ST-7IP CITY-ST-7IP . Delete -TITLE TITEE. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 charged, or on an attachment with an address, with all other like empowered. 02-22-05 1-386-427-2846 M. KONYN ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_