

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000063086

Entity Name: C-QUARTERS MARINA, INC.

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

502 ST. JAMES, HWY 98  
CARIBELLE, FL 32322

**New Principal Place of Business:**

502 ST. JAMES, HWY 98  
CARRABELLE, FL 32322

**Current Mailing Address:**

901 GEDDIE RD.  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 65-0972060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROWDER, JIMMIE T  
901 GEDDIE RD  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CROWDER, JIMMIE T  
Address: 600 MARINE ST.  
City-St-Zip: CARIBELLE, FL 32322

Title: VP  
Name: MAYO, ROBERT L  
Address: 398 CASTLETON CIR  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIMMIE CROWDER

PSD

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date