

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90053 018 ***150.00

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1. Entity Name

IDEAL MARINA SALES, INC.



Principal Place of Business

114 RIVERSIDE DRIVE S.E.
STEINHATCHEE FL 32359

Mailing Address

PO BOX 24
STEINHATCHEE FL 32359

54028283

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3601189

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, SCOTT A
114 RIVERSIDE DR SE
STEINHATCHEE FL 32359

7. Name and Address of New Registered Agent

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

Scott A. Peters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

TITLE PD ☒ Delete
NAME WADE, JOSEPH R
STREET ADDRESS 114 RIVERSIDE DRIVE S.E.
CITY-ST-ZIP STEINHATCHEE FL 32359

TITLE VD ☐ Delete
NAME PETERS, SCOTT A
STREET ADDRESS 114 RIVERSIDE DRIVE S.E.
CITY-ST-ZIP STEINHATCHEE FL 32359

TITLE ST ☐ Delete
NAME PETERS, JODY
STREET ADDRESS 114 RIVERSIDE DRIVE S.E.
CITY-ST-ZIP STEINHATCHEE FL 32359

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition
NAME PETERS, SCOTT A.
STREET ADDRESS 114 RIVERSIDE DR. SE.
CITY-ST-ZIP STEINHATCHEE, FL 32359

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

TITLE VD ☐ Change ☒ Addition
NAME CANNON, CHARLES S.
STREET ADDRESS 114 RIVERSIDE DR. S.E.
CITY-ST-ZIP STEINHATCHEE, FL 32359

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

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

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:

Jody Peters (Jody PETERS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

DATE

352-498-3877

Daytime Phone #