

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90044 050 ***150.00

DOCUMENT # P99000090659

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



1st MOORE CR2E034 (10/04)

4. FEI Number **NO-T APPLICABLE** 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**

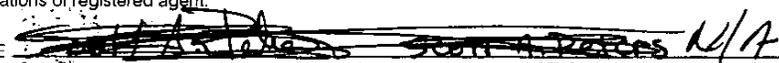
7. Name and Address of New Registered Agent

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  N/A

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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**

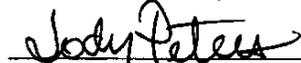
10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CANNON, CHARLES S	
STREET ADDRESS	114 RIVERSIDE DRIVE S.E.	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERS, SCOTT A	
STREET ADDRESS	114 RIVERSIDE DRIVE S.E.	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PETERS, JODY	
STREET ADDRESS	114 RIVERSIDE DRIVE S.E.	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Wade	
STREET ADDRESS	114 Riverside Dr. S.E.	
CITY-ST-ZIP	Steinhatchee, FL 32359	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/1/05 352-498-3877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #