2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 08:00 AM
Secretary of State
2/6/06
PAID
FEE 150.00
1322

DOCUMENT # P99000090659

1. Entity Name

IDEAL MARINA SALES, INC.

Principal Place of Business	Mailing Address
114 RIVERSIDE DRIVE S.E. STEINHATCHEE FL 32359	PO BOX 24 STEINHATCHEE FL 32359

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
PETERS, SCOTT A 114 RIVERSIDE DR SE STEINHATCHEE FL 32359	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 acc the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	CANNON, CHARLES S		NAME	U00000434085
STREET ADDRESS	114 RIVERSIDE DRIVE S.E.		STREET ADDRESS	02/24/06-80046-001 150.00
CITY-ST-ZIP	STEINHATCHEE FL 32359		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	PETERS, SCOTT A		NAME	
STREET ADDRESS	114 RIVERSIDE DRIVE S.E.		STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Add
NAME	PETERS, JODY		NAME	
STREET ADDRESS	114 RIVERSIDE DRIVE S.E.		STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WADE, DEBORAH		NAME	
STREET ADDRESS	114 RIVERSIDE DR. S.E.		STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jodi Peters (Jodi Peters) 2/3/06 352-498-3877