2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2004 08:00 AM Secretary of State **DOCUMENT # S41536** 1. Entity Name HOBO'S MARINA, INC. Principal Place of Business Mailing Address 104200 OVERSEAS HWY 104200 OVERSEAS HWY KEY LARGO, FL 33037 KEY LARGO, FL 33037 03142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0253023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTHBARD, ROBERT DO NOT WRITE 339 LAGUNA AVE KEY LARGO, FL 33037 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees <u> U00000100582</u> OFFICERS AND DIRECTORS 10. 04/01/04-80013-005 15n.nn HILE ROTHBARD, ROBERT NAME 339 LAGUNA AVE STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL នោទ MILLER, HOLLY 339 LAGUNA AVE STREET ADDRESS CATY-ST-ZIP KEY LARGO, FL THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-789 IN THIS SPACE me RANGE STREET ADDRESS

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 shell 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 507, 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 fixe empowered.

SIGNATURE: ROBERT ROTOLARD DE SIGNATURE DE SIGNATURE AND TYPED DA PRINTED MANE OF SIGNING EFFICIER OR DIRECTOR

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

308 4514684 Daylure Phone #

FILED