

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 010 ***150.00

DOCUMENT # 522961

1. Entity Name

P. M. MARINE ENGINE SERVICE, INC.



Principal Place of Business

3452 GARBER DR
TALLAHASSEE FL 32303
US

Mailing Address

5573 WIDEFIELD DR.
TALLAHASSEE FL 32308



2. Principal Place of Business - No P.O. Box #

3452 GARBER DR
Suite, Apt. #, etc.

TALLAHASSEE, FL
City & State

3. Mailing Address

3452 GARBER DR
Suite, Apt. #, etc.

TALLAHASSEE, FL
City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1719643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32303

Country

Zip
32303

Country

6. Name and Address of Current Registered Agent

MAGNUSON, PETER
5573 WIDEFIELD DR.
TALLAHASSEE FL 32308

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

Peter Magnuson

PETER MAGNUSON

3/13/08

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

(NOTE: Registered Agent's signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 MAGNUSON, PETER
STREET ADDRESS 5573 WIDEFIELD DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ST ☐ Delete
NAME LAWLEN, RUSSELL M
STREET ADDRESS 11 JOE DR
CITY-ST-ZIP PANACEA FL 32346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Magnuson PETER MAGNUSON

3/13/08

850 526-5134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #