

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90062 013 ****70.00

DOCUMENT # 701362			
1. Entity Name RICHEY MARINE TRAINING AND RESCUE GROUP, INC.			
Principal Place of Business 3920 MARINE PARKWAY NEWPORT RICHEY FL 34652		Mailing Address 3920 MARINE PARKWAY NEWPORT RICHEY FL 34652	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2040641	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROOKS, EUGENE F 8008 BULL RUN DRIVE NEW PORT RICHEY FL 34653		7. Name and Address of New Registered Agent Name BERNARD ZANETTI Street Address (P.O. Box Number is Not Acceptable) 4415 DEVON DRIVE City NEW PORT RICHEY FL Zip Code 34653	
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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 reappointing) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROOKS, EUGENE F 8008 BULL RUN DRIVE NEW PORT RICHEY FL 34653 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZANETTI, BERNARD 4415 DEVON DRIVE NEW PORT RICHEY, FL 34653 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLORIO, FRANK 7821 ROTTINGHAM ROAD PORT RICHEY FL 34668 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, PAUL L. 4437 GARNET DRIVE NEWPORT RICHEY, FL 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 617, 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: Bernard Zanetti **BERNARD ZANETTI** 2/8/7 **34653**