

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H06646

1. Entity Name  
MARINE CONCEPTS INTERNATIONAL, INC.



Principal Place of Business  
243 ANCLOTE ROAD  
TARPON SPRINGS, FL 34689 US

Mailing Address  
243 ANCLOTE ROAD  
TARPON SPRINGS, FL 34689 US

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



05142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2421458**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LEET, JAMES W  
1409 SILVER OAK DRIVE  
TARPON SPRINGS, FL 34689

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000354418  
07/11/08-80012-015 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LEET, JAMES W
STREET ADDRESS	1409 SILVER OAK DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	JOHNSON, CHARLES R
STREET ADDRESS	6525 WERMER CT
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	T
NAME	LEET, JANICE L
STREET ADDRESS	1409 SILVER OAK DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-08