


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000069738
 1. Entity Name
BISING MARINE GROUP, INC.



Principal Place of Business: **455 BACOM POINT ROAD PAHOKEE FL 33476**
 Mailing Address: **455 BACOM POINT ROAD PAHOKEE FL 33476**



1st MOORE CR2E034 (10/04)

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

4. FEI Number: **65-1137459** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BISING, GUY C SR.
455 BACOM POINT ROAD
PAHOKEE FL 33476

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P <input type="checkbox"/> Delete
NAME	BISING, GUY C SR.
STREET ADDRESS	455 BACOM POINT ROAD
CITY - ST - ZIP	PAHOKEE FL 33476
TITLE	ST <input type="checkbox"/> Delete
NAME	BISING, GUY C JR.
STREET ADDRESS	8223 RAINBOWVIEW PLACE
CITY - ST - ZIP	MONTGOMERY VILLAGE MD 20886
TITLE	V <input type="checkbox"/> Delete
NAME	SUMMERROW, KIMBERLY B
STREET ADDRESS	325 WEST KINGSTON AVENUE
CITY - ST - ZIP	CHARLOTTE NC 28203
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/12/05-80047-022 150.00

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 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:  **Guy Bising - P** 2/21 5619246199
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #