

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069738

**FILED**  
**Feb 05, 2008**  
**Secretary of State**

**Entity Name:** BISING MARINE GROUP, INC.

**Current Principal Place of Business:**

3912 SAGES DR.  
INDIAN TRAIL, NC 28079

**New Principal Place of Business:**

**Current Mailing Address:**

3912 SAGES DR.  
INDIAN TRAIL, NC 28079

**New Mailing Address:**

**FEI Number:** 65-1137459      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANNA, JESSICA  
3477 NORTH WEST 44TH STREET  
UNIT 104  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BISING, GUY C SR.  
Address: 3912 SAGES DRIVE  
City-St-Zip: INDIAN TRAIL, NC 28079

Title: ST ( ) Delete  
Name: BISING, GUY C JR.  
Address: 14341 LONG CHANNEL DRIVE  
City-St-Zip: GERMANTOWN, MD 20876 US

Title: V ( ) Delete  
Name: SUMMERROW, KIMBERLY B  
Address: 10514 OLD CAROLINA DRIVE  
City-St-Zip: CHARLOTTE, NC 28214 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY C BISING SR

P

02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date