2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State
08-02-2007 90013 045 ***158.75

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1. Entity Name
MAINTENANCE PLUS MARINE, INC.

Principal Place of Business	Mailing Address
15625 SW 87TH COURT PALMETTO BAY, FL 33157 US	15625 SW 87TH COURT PALMETTO BAY, FL 33157 US

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

07312007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-3451291 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, TERRY J 1521 SW LEJEUNE ROAD CORAL GABLES, FL 33134	Name: CHEESEMAN, LENA D. Street Address (P.O. Box Number is Not Acceptable): 15625 SW 87th COURT City: PALMETTO BAY FL Zip Code: 33157-2008

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: Lena D. Cheeseman LENA D. CHEESEMAN 7/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
~~Due by September 14, 2007~~

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

~~In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.~~

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHEESEMAN, RONALD M		NAME	
STREET ADDRESS	15625 SW 87TH COURT		STREET ADDRESS	
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Ronald M. Cheeseman 7/31/07 (305) 753-7881 (cell) or (305) 232-6341 (home)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #