

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020312

FILED
Aug 01, 2008
Secretary of State

Entity Name: MARINE STRUCTURES CONSULTING INC.

Current Principal Place of Business:

11629 ALTA CI.
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

11629 ALTA CI.
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-8442666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISELIN, ANGELA S
15352 YELLOW BLUFF RD.
JACKSONVILLE, FL 32226 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: ISELIN, ANGELA S
Address: 15352 YELLOW BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: WILLIAMS, DAVID M
Address: 15352 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Change (X) Addition
Name: ISELIN, ROBERT JR
Address: 15352 YELLOWBLUFF RD
City-St-Zip: JACKSONVILLE,, FL 32226

Title: VP () Change (X) Addition
Name: ISELIN, PHILIPSE D
Address: 15352 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226

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: ANGELA ISELIN

P

08/01/2008

Electronic Signature of Signing Officer or Director

_____ Date