


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90016 017 \*\*\*150.00

<b>DOCUMENT # P14984</b> 1. Entity Name M & N DREDGING CO., INC.	
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Principal Place of Business 1431 7TH STREET SOUTHPORT, FL 32409 US	Mailing Address P.O. BOX 8337 SOUTHPORT, FL 32409 US
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0495869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, JESSE R  
1431 7TH STREET  
SOUTHPORT, FL 32409

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWELL, JESSE A 1431 7TH STREET SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWELL, KENNETH A. 9832 MORAR ROAD SOUTHPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWELL, KATHRYN 1431 7TH ST., P.O. BOX 8337 SOUTHPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST NEWELL, JESSE R. 1431 7TH STREET, P.O. BOX 8337 SOUTHPORT, FL
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: Kathryn Newell Kathryn Newell ST 4/17/08 850-265-5133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #