


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000020501 1. Entity Name SPECIALTY MARINE SERVICE OF NAPLES, INC.	
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Principal Place of Business 4384 PROGRESS AVE NAPLES, FL 34104	Mailing Address 1672 ROYAL CIRCLE NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3431471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUROCHER, LEE A 1672 ROYAL CIRCLE NAPLES, FL 34112

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUROCHER, LEE A
STREET ADDRESS	855 8TH STREET SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VSTD
NAME	DUROCHER, JEFFREY T
STREET ADDRESS	855 8TH STREET SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 7/21/08	Daytime Phone #: 239-403-8321
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