

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90031 033 \*\*\*150.00

**DOCUMENT # P98000092688**

1. Entity Name  
**JL MARINE SYSTEMS, INC.**



Principal Place of Business  
**219 BRACKEN LANE  
BRANDON, FL 33511**

Mailing Address  
**219 BRACKEN LANE  
BRANDON, FL 33511**

2. Principal Place of Business - No P.O. Box #  
**9208 Palm River Rd**  
Suite, Apt. #, etc  
**Suite 303**  
City & State  
**Tampa, Florida**  
Zip  
**33619** Country  
**US**

3. Mailing Address  
**9208 Palm River Rd**  
Suite, Apt. #, etc  
**Suite 303**  
City & State  
**Tampa, Florida**  
Zip  
**33619** Country  
**US**



01082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**KEITH, KENNETH A  
1202 MONTE LAKE DRIVE  
VALRICO, FL 33594**

*[Signature]*

4. FEI Number  
**59-3548283**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
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  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OLIVERIO, JOHN D 219 BRACKEN LANE BRANDON, FL 33511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *[Signature]* **1-17-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document Phone #