

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104956

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** SPECIALTY MARINE & INDUSTRIAL SUPPLIES, INC.

**Current Principal Place of Business:**

1420 MAYPORT RD  
ATLANTIC BCH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 330478  
ATLANTIC BCH, FL 32233 04

**New Mailing Address:**

**FEI Number:** 59-3555317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHALEN, SHARON  
1420 MAYPORT RD  
ATLANTIC BCH, FL 32233 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: PTD  
Name: WHALEN, SHARON  
Address: 1420 MAYPORT RD  
City-St-Zip: ATLANTIC BCH, FL 32233

Title: SD  
Name: WHALEN, JAMES M  
Address: 1420 MAYPORT RD  
City-St-Zip: ATLANTIC BCH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: SHARON T. WHALEN

PRES

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date