


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90031 017 \*\*\*158.75

**DOCUMENT # P99000064646**  
 1. Entity Name  
**WELMAX MARINE USA, INC.**



Principal Place of Business Mailing Address  
**430 LARBOARD WAY SUITE: # ONE CLEARWATER FL 33767 US**  
**430 LARBOARD WAY SUITE: # ONE CLEARWATER FL 33767 US**



2. Principal Place of Business - No P.O. Box #  
**805 COURT STREET**  
 State, Apt #, etc

3. Mailing Address  
**805 COURT STREET**  
 State, Apt #, etc

1st MOORE CR2E034 (10/07)

City & State  
**CLEARWATER FL**  
 Zip **33756** Country **USA**

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 Zip **33756** Country **USA**

4. FEI Number **65-0937357** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HAZELWOOD, MAXWELL G**  
**430 LARBOARD WAY SUITE: # ONE CLEARWATER BEACH FL 33767**

7. Name and Address of New Registered Agent  
 Name **HAZELWOOD, MAXWELL G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**805 COURT STREET**  
 City **CLEARWATER FL** Zip Code **33756**

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 *Max* **MAXWELL G. HAZELWOOD** DATE **2/5/2008**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAZELWOOD, MAXWELL G 430 LARBOARD WAY, SUITE. #ONE CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAZELWOOD, MAXWELL G. 805 COURT STREET CLEARWATER FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JULIE CASTRO 4330 NW 130TH AVE OCALA FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Max* **MAXWELL G. HAZELWOOD** DATE **2/5/08** **727-441-3610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR