

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000104956

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

**Current Principal Place of Business:**

1420 MAYPORT RD  
ATLANTIC BCH, FL 32233

**Current Mailing Address:**

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

**FEI Number: 59-3555317**

**Certificate of Status Desired: Yes**

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

WHALEN, SHARON  
1420 MAYPORT RD  
ATLANTIC BCH, FL 32233 US

*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

**Officer/Director Detail :**

Title	PTD	Title	SD
Name	WHALEN, SHARON	Name	WHALEN, JAMES M
Address	1420 MAYPORT RD	Address	1420 MAYPORT RD
City-State-Zip:	ATLANTIC BCH FL 32233	City-State-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 WHALEN**

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date