2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 244031

FILED May 02, 2008 Secretary of State

DOCON	1L111# 27700	[,] 1			Secretary or	State	
Entity Nar	ne: LAISHLEY M	MARINE, INC.					
Current P	rincipal Place of	Business:	New Prince	New Principal Place of Business:			
3415 TAMI PUNTA GO	AMI TRAIL DRDA, FL 33950	US					
Current Mailing Address:			New Maili	New Mailing Address:			
3415 TAMI PUNTA GO	AMI TRAIL DRDA, FL 33950	US					
FEI Number:	59-0916168 I	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desire	ed ()	
Name and	Address of Cur	rent Registered Agent:	Name and	Name and Address of New Registered Agent:			
3415 TAMI	, C BARBARA AMI TRAIL DRDA, FL 33950	US					
	named entity sub of Florida.	omits this statement for the p	urpose of changing i	ts registered	d office or registered agent,	, or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Age	nt		Date		
Election Can	npaign Financing Tr	rust Fund Contribution ().					
OFFICERS	S AND DIRECTO	RS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () De LAISHLEY, BRUCE 627 BRINDISI CT PUNTA GORDA, FI	:	Title: Name: Address: City-St-Zip:		(X) Change () Addition C BARBARA SOFFKEE DRIVE IT MYERS, FL 33903		
Title: Name: Address: City-St-Zip:	P () De LAISHLEY, C BARI 627 BRINDISI CT PUNTA GORDA, FI	BARA	Title: Name: Address: City-St-Zip:		(X) Change () Addition BRUCE SOFFKEE DRIVE IT MYERS, FL 33903		
Title: Name: Address: City-St-Zip:	SD () De LAISHLEY, C. BAR 627 BRINDISI CT PUNTA GORDA, FI	BARA	Title: Name: Address: City-St-Zip:		(X) Change () Addition C. BARBARA SOFFKEE DRIVE IT MYERS, FL 33903		
Title:	PD () De	elete	Title:	PD	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

LAISHLEY, C. BARBARA

LAISHLEY, BRUCE

12604 PANASOFFKEE DRIVE

12604 PANASOFFKEE DRIVE

NORTH FORT MYERS, FL 33903

NORTH FORT MYERS, FL 33903

(X) Change () Addition

SIGNATURE: C BARBARA LAISHLEY PRES 05/02/2008

LAISHLEY, C. BARBARA

PUNTA GORDA, FL 33950

PUNTA GORDA, FL 33950

() Delete

627 BRINDISI CT

LAISHLEY, BRUCE

627 BRINOISI CT

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: