

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 015 ***150.00

DOCUMENT # 246739

1. Entity Name
MARINE METAL PRODUCTS CO



40080614



01142008 Chg-P CR2E034 (12/06)

4. FEI Number
59-0920465

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

6. Name and Address of Current Registered Agent

LEA, CLARK M.
1730 CALUMET ST
CLEARWATER, FL 33765

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	LEA, CLARK M			NAME	Lea, Clark M., Jr.		
STREET ADDRESS	1730 CALUMET ST			STREET ADDRESS	1730 Calumet St.		
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP	Clearwater, FL 33765		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	LEA, MARY I			NAME			
STREET ADDRESS	1730 CALUMET ST			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Vice-President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	LEA, CLARK M., JR.			NAME	Lea, Clark M.		
STREET ADDRESS	1730 CALUMET ST			STREET ADDRESS	1730 Calumet St.		
CITY-ST-ZIP	CLEARWATER, FL			CITY-ST-ZIP	Clearwater, FL 33765		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____