

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324780

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** CONSOLIDATED RIGGING AND MARINE SUPPLY COMPANY, INC

**Current Principal Place of Business:**

4700 N. PEARL ST.  
PO BOX 3235  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3235  
PO BOX 3235  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

**FEI Number:** 59-1204716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAULERSON, BOBBY L.  
4700 N PEARL ST  
JACKSONVILLE, FL 32206 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: VTD ( ) Delete  
Name: RAULERSON, JOHN R  
Address: 4700 N. PEARL ST.  
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete  
Name: RAULERSON, BOBBY L  
Address: 4700 N. PEARL ST.  
City-St-Zip: JACKSONVILLE, FL

Title: VSD ( ) Delete  
Name: RAULERSON, BILLY  
Address: 4700 N. PEARL ST.  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BOBBY L RAULERSON

PD

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date