

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90012 008 ***150.00

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1. Entity Name

J & J MARINE SERVICE, INC.



Principal Place of Business

1628 MONMOUTH LN.
KEY LARGO, FL 33037

Mailing Address

1628 MONMOUTH LN.
KEY LARGO, FL 33037

00000010



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

~~69-484049~~ 90-0126188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIMAN, JOSEPH A.
1628 MONMOUTH LN.
KEY LARGO, FL 33037

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NIMAN, JOSEPH A.
STREET ADDRESS 1628 MONMOUTH LN.
CITY-ST-ZIP KEY LARGO, FL

TITLE ST
NAME NIMAN, JOSEPH A.
STREET ADDRESS 1628 MONMOUTH LN.
CITY-ST-ZIP KEY LARGO, FL

TITLE VD
NAME NIMAN, JOSEPH A.
STREET ADDRESS 1628 MONMOUTH LN.
CITY-ST-ZIP KEY LARGO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Joseph A. Niman Joseph A. Niman 1/18/06 305 451-4586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #