2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #618558

1. Entity Name

MARINE ELECTRICAL DESIGN, INC.



Principal Place of Business

Mailing Address

5671 BAYVIEW DR. N. SEMINOLE, FL 33772 US 5671 BAYVIEW DRIVE N. SEMINOLE, FL 34642 US

33772

FILED Jan 18, 2008 8:00 am Secretary of State

01-18-2008 90008 022 ***150.00



01142008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-1903488

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Б.	Name	and	Address	of	Current	Registered	Age

LUCZAK, ĐAVID 3300 EAST BAY DRIVE SUITE 103 LARGO, FL 33541

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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 i	ANDTE Paintee			DATE				
	Signature, typed or printed name or registered agent and tipe i	rapplicable. (NOTE: Hegistered	Agent signature	required when reinstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Cam Trust Fund C			cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REISCHMANN, RICHARD H PD 5671 BAYVIEW DR SEMINOLE, FL 337727045				4				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a	ling does not quality for the exe and accurate and that my signat	mptions cor ure shall hav	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information oct as if made under oath; that I am an officer or director				

12. Thereby 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:

GOLLOW H. RESEARCH CONTROL OF SIGNING OFFICER OR DIRECTOR

13 Jan. 2008 (727) 397-1183