

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90017 006 ***150.00

DOCUMENT # F00000002143

1. Entity Name

FENTRESS MARINE CORPORATION



Principal Place of Business

2320 10TH ST SE
LARGO FL 33771

Mailing Address

2320 10TH ST SE
LARGO FL 33771



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 36-4350264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BENFORD, EDWARD H
30 N LASALEE STREET, SUITE 3924
CHICAGO IL 60602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCOB
GLOSTRIA, WILLIAM V JR
200 WEST MADISON STE, 2710
CHICAGO IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
GLASTRIS, WILLIAM V, JR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPCO
REYENGER, RICHARD N
19 QUALITY CIRCLE
VENORE TN 37885 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
123 CENTER PARK DR, #102
KNOXVILLE, TN 37922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
CHOE, DAVID J
19 QUALITY CIRCLE
VENORE TN 37885 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
200 WEST MADISON, #2710
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFOS
FOX, RONALD C
19 QUALITY CIRCLE
VENORE TN 37885 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
123 CENTER PARK DR, #102
KNOXVILLE, TN 37922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VGM
MILLER, LYNN
2320 10TH ST SE
LARGO FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

2-1-07

865-392-5354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #