2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002143

Title:

Name:

Address:

City-St-Zip:

CFOS

FOX, RONALD C

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123 CENTER PARK DR #102

KNOXVILLE, TN 37922

Entity Name: FENTRESS MARINE CORPORATION

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
123 CENTER PARK DRIVE SUITE 102 KNOXVILLE, TN 37922				123 CENTER PARK DRIVE SUITE 220 KNOXVILLE, TN 37922		
Current Mailing Address:				New Mailing Address:		
123 CENTER PARK DRIVE SUITE 102 KNOXVILLE, TN 37922				123 CENTER PARK DRIVE SUITE 220 KNOXVILLE, TN 37922		
FEI Number:	36-4350264	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution ().					Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BENFORD, EDW	STREET, SUITE 3924		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	DCOB () [GLASTRIS, WILL 200 WEST MADI CHICAGO, IL 60	SON STE,2710		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DPCO () EREYENGER, RIC 123 CENTER PA KNOXVILLE, TN	RK DR STE 102		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VAS (X) I CHOE, DAIVD J 200 WEST MADI CHICAGO, IL 60	•		Title: (Name: Address: City-St-Zip:) Change () Addition	

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD C. FOX CFO 03/19/2009

() Change () Addition