

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # F02000002761

1. Entity Name
ISS MARINE SERVICES INC.



Principal Place of Business

118 NORTH ROYAL STREET
SUITE 400
MOBILE, AL 36602

Mailing Address

118 NORTH ROYAL STREET
SUITE 400
MOBILE, AL 36602



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-1783520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL, BEGGS
9000 REGENCY SQUARE BLVD.
SUITE 206
JACKSONVILLE, FL 32211

**DO NOT WRITE
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTERBERG, LARS 2180 N. LOOP WEST, STE 200 HOUSTON, TX 77018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCEO WHELAN, IAN 118 NORTH ROYAL ST SUITE 400 MOBILE, AL 36602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEARMON, ELAINE 118 NORTH ROYAL ST SUITE 400 MOBILE, AL 36602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/08-80058-014 190.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

251-461-2734

Daytime Phone #