

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000002698		
1. Entity Name MARINE AGGREGATES, INC.		
Principal Place of Business 3408 DOVER RD. POMPAÑO BEACH, FL 33062	Mailing Address 3408 DOVER RD. POMPAÑO BEACH, FL 33062	



08072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0890694	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRIVELLO, FRANK P
3408 DOVER RD.
POMPAÑO BEACH, FL 33062**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	CD MARKS, DAVID M 1818 NORTH FARWELL AVE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD ORLANDO, FRANK J 3408 DOVER RD POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHWABE, PAUL L 1818 N FARWELL AVE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE HODGKINS, CRAIG 3340 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO LEVENSALER, TIMOTHY 955 OAK STREET MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000772032
08/14/07-80001-022 550.00

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

8-7-07

Date

Daytime Phone #