

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000004617

1. Entity Name
GCD MARINE CONSTRUCTION, INC.



FILED
May 01, 2008 08:00 AM
Secretary of State

Principal Place of Business

32073 U.S. HWY 98
LILLIAN, AL 36549

Mailing Address

32073 U.S. HWY 98
LILLIAN, AL 36549



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1694282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, GARY T
4205 QUEENS CT.
PACE, FL 32571

**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	PD BROXSON, GARY D 32803 CARRIER DR LILLIAN, AL 36549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROXSON, SUSAN M 32803 CARRIER DR LILLIAN, AL 36549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

Date

Daytime Phone #

GARY D BROXSON

4/28/08

251-962-7141