

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # F12359

1. Entity Name
SONNY'S MARINE, INC.



Principal Place of Business
**C/O JAMES F EAZSOL
5820 W COLONIAL DR
ORLANDO, FL 32808**

Mailing Address
**C/O JAMES F EAZSOL
5820 W COLONIAL DR
ORLANDO, FL 32808**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2051291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EAZSOL, JAMES F
5820 W COLONIAL DR
ORLANDO, FL 32808**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000521999
05/03/06-80011-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
EASZOL, JAMES F
8501 STEER LAKE RD.
ORLANDO FL,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
EASZOL, MARLENE
8501 STEER LAKE RD.
ORLANDO FL,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
EASZOL, KEITH
1522 E. SPRING RIDGE CIRCLE
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MARLENE EAZSOL

4/14/06

DATE

407-293-7174

Daytime Phone #