

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68794

FILED
Apr 14, 2009
Secretary of State

Entity Name: THOMAS MARINE CONSTRUCTION, INC.

Current Principal Place of Business:

8999 HIGH COTTON LANE
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

8999 HIGH COTTON LANE
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: 59-2163377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIMP, KEVIN C
8999 HIGH COTTON LANE
FT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHIMP, KEVIN C
Address: 8999 HIGH COTTON LN
City-St-Zip: FORT MYERS, FL 33905

Title: DVP () Delete
Name: SCHOONVELD, WILLIAM
Address: 300 IONIA AVENUE, NW
City-St-Zip: GRAND RAPIDS, MI 49503

Title: S () Delete
Name: CLARK, GAYLE
Address: 17770 RANCHO 78 DR
City-St-Zip: ALVA, FL 33920

Title: DT () Delete
Name: LABARGE, JOHN
Address: 300 IONIA AVENUE, NW
City-St-Zip: GRAND RAPIDS, MI 49503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KEVIN C. SHIMP

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date