

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90192 048 \*\*\*150.00

**DOCUMENT # F96000002100**

1. Entity Name

DUTRA DREDGING COMPANY



Principal Place of Business

1000 POINT SAN PEDRO RD  
SAN RAFAEL, CA 94901

Mailing Address

1000 POINT SAN PEDRO RD  
SAN RAFAEL, CA 94901



02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
68-0343998

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME STEWART, HARRY K  
STREET ADDRESS 1000 POINT SAN PEDRO RD  
CITY-ST-ZIP SAN RAFAEL, CA 949018312

TITLE S  
NAME SMITH, K.W.  
STREET ADDRESS 1000 POINT SAN PEDRO RD  
CITY-ST-ZIP SAN RAFAEL, CA 94901

TITLE D  
NAME DUTRA, BILL T  
STREET ADDRESS 1000 POINT SAN PEDRO RD  
CITY-ST-ZIP SAN RAFAEL, CA 94901

TITLE D  
NAME MORRIS, LT JOHN W  
STREET ADDRESS 1000 POINT SAN PEDRO RD  
CITY-ST-ZIP SAN RAFAEL, CA 94901

TITLE D  
NAME KELLER, STEPHEN F  
STREET ADDRESS 1000 PT SAN PEDRO RD  
CITY-ST-ZIP SAN RAFAEL, CA 94901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Harry K. Stewart President

Date

Daytime Phone #

415/258/6876