
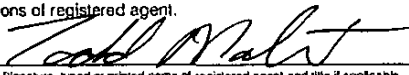



2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G26242 1. Entity Name SHORELINE MARINE CONSTRUCTION COMPANY					
Principal Place of Business 1101 1ST STREET SW RUSKIN, FL 33570 US			Mailing Address PO BOX 945 RUSKIN, FL 33575 US		
2. Principal Place of Business - No P.O. Box # 6111 142 AVENUE NORTH		3. Mailing Address 6111 142 AVENUE NORTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLEARWATER, FL		City & State CLEARWATER, FL		4. FEI Number 59-2265368	
Zip 33760		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, WILLIAM R 6339 COTTONWOOD LN APOLLO BEACH, FL 33572				7. Name and Address of New Registered Agent Name MALECOT, TODD A Street Address (P.O. Box Number is Not Acceptable) 6111 142 AVENUE NORTH City CLEARWATER FL Zip Code 33760	
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  TODD A. MALECOT 5/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, WILLIAM R 6339 COTTONWOOD LANE APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MALECOT, TODD A 6111 142 AVENUE NORTH CLEARWATER, FL 33760
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSDT WILLIAMS, LINDA C. 6339 COTTONWOOD LANE APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MALECOT, DEANN M 6111 142 AVENUE NORTH CLEARWATER, FL 33760
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMZIKER, WALTER F 1819 LAUREL OAK DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100131629601 06/24/08--01033--014 **6
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHEATON, EDWARD D 10402 BRUSHFIELD ST RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DEANN MALECOT				VP 5/30/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

FILED
08 JUN 18 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

