
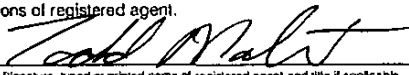



2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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,	
Zip 33760		Zip 33760	
Country USA		Country USA	
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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 5/30/08		DATE	
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 SVENUE 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	<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	100131629601 06/24/08--01033--014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/30/08	
Daytime Phone #		Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05292008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2265368** Applied For Not Applicable

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