## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 28, 2008 8:00 am Secretary of State

01-28-2008 90037 005 \*\*\*150.00

		- T. C.	
inal Place of Business	Mailing Address		1 100 A

DOCUMENT # G32443 CENTRAL FLORIDA MARINE, INC. Principal Place of Busine % JAMES M. SPOONHOUR % JAMES M. SPOONHOUR 215 NO. EOLA DR. 215 NO. EOLA DR. ORLANDO, FL 32801-2028 ORLANDO, FL 32801-2028 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01092008 City & State City & State 4. FEI Number 59-2307953 Zip Country Country 7ip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPOONHOUR, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 215 NO. EOLA DR. ORLANDO, FL 32802

CR2E034 (12/06)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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	•"		City		FL	Zip Code	•
	named entity submits this statement for the poons of registered agent.	urpose of changing its r	egistered office or r	egistered agent, or both, in the	State of Florida. I am fai	miliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE:	Registered Agent signature	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign First Fund Contribut				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTOR		CTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS AND D	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERS, MARC 1021 N ORLANDO AVE MAITLAND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D OYLER, THOMAS L. 1021 N ORLANDO AVE MAITLAND, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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I hereby certify that the information supplied with this filling 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 this 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR