2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

					- P	,_	
DOCUMENT # G63997 1. Entity Name DAVID MARINE MANAGEMENT, INC.				Secretary of Sta			
Principal Plac	e of Business	Mailing Address					
4901 NO US		4901 NO US 1 UNIT D					
VERO BEACH	H, FL 32967	VERO BEACH, FL 32967					
DO NOT WRITE IN THIS SPA			CE.	04172008	No Chg-P	CR2E034	<u>`</u>
ב	O NOT WINITE		IO OI ACL		er :9369		Applied For Not Applicable
					of Status Desired		3.75 Additional Required
	6. Name and Address of Current Re	gistered Agent		-1			
MARINE, CHRISTOPHER H. 979 BEACHLAND BLVD. VERO BEACH, FL 32963			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the lions of registered agent.	ne purpose of changing its register	 ed office or registe	ered agent, or bo	th, in the State of Fig	orida. I am fam	iliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title il applicable (NOTE, Registere	d Agent signature require	ed when reinstating)	•	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			~ — *	5.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS	I				
TITLE	PDST						ı
NAME STREET ADDRESS	MARINE, DAVID A. 4901 N. US 1 UNIT D		1				
CITY-ST-ZIP	VERO BEACH, FL 32967				Haaaaa	011100	
TITLE		· · · · · · · · · · · · · · · · · · ·	1		05/16/08-	366650 80004-01	2 150.00

DO NOT WRITE
IN THIS SPACE

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 supplied entary eport 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID A. Marine, PDST

4-22-08 100-231-1100

Daytime Phone