


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G86048 1. Entity Name WMJB MARINE, INC.		
Principal Place of Business 7848 S. FEDERAL HWY. HYPOLUXO, FL 33462	Mailing Address 7848 S. FEDERAL HWY. HYPOLUXO, FL 33462	



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2387581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERMAN, HARRIS 7848 SOUTH FEDERAL HIGHWAY HYPOLUXO, FL 33462	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U00000609077 02/01/07-80036-004 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BERMAN, LEO B. 7848 S FEDERAL HWY. HYPOLUXO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BERMAN, HARRIS 7848 S FEDERAL HWY. HYPOLUXO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINARDO, WALT 7848 S. FEDERAL HWY HYPOLUXO, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Leo B. Berman 1/23/07 561-588-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #