


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H06646 1. Entity Name MARINE CONCEPTS INTERNATIONAL, INC.	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 243 ANCLOTE ROAD TARPON SPRINGS, FL 34689 US	Mailing Address 243 ANCLOTE ROAD TARPON SPRINGS, FL 34689 US
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05142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2421458	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

LEET, JAMES W
 1409 SILVER OAK DRIVE
 TARPON SPRINGS, FL 34689

DO NOT WRITE
IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

00000954418
 07/11/08-80012-015 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEET, JAMES W
STREET ADDRESS	1409 SILVER OAK DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	JOHNSON, CHARLES R
STREET ADDRESS	6525 WERMER CT
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	T
NAME	LEET, JANICE L
STREET ADDRESS	1409 SILVER OAK DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:  DATE: **7-9-08** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR