

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90065 045 \*\*\*150.00

**DOCUMENT # H56871**

1. Entity Name  
**J & J MARINE SERVICE, INC.**



Principal Place of Business  
**2922 46TH AVE NORTH  
ST. PETERSBURG, FL 33714 US**

Mailing Address  
**2922 46TH AVE NORTH  
ST. PETERSBURG, FL 33714 US**

40041000



2. Principal Place of Business - No P.O. Box #  
**8711 Bliss Rd.**

3. Mailing Address  
**P.O. Box 900**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-P CR2E034 (12/06)

City & State  
**Gibson, FL**

City & State  
**Gibson, FL**

4. FEI Number  
**59-2508401**

Applied For  
Not Applicable

Zip  
**33534**

Country  
**U.S.A.**

Zip  
**33534**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**NOWLING, JOHN D.  
8711 BLISS RD  
GIBSON, FL 33534**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-08

**FILE NOW!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PVST  
NOWLING, JOHN DAVID  
8711 BLISS RD  
GIBSON, FL 33534** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-08 813741 2190