

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # J12591	
1. Entity Name DON'S MARINE REPAIR, INC.	

Principal Place of Business 4339 50TH TERRACE SO. ST. PETERSBURG FL 33711	Mailing Address 4339 50TH TERRACE SO. ST. PETERSBURG FL 33711
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2688154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FELDER, BENJAMIN RIDEN, EARLE & KIEFNER, P.A. 4TH FL., NORTH TOWER, 100 - 2ND AVE. SO. ST. PETERSBURG FL 33701		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 _____ (NOTE: Registered Agent signature required when reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD <input type="checkbox"/> Delete	NAME MEDLEY, DONALD	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4339 50TH TERRACE S.		NAME	
CITY-ST-ZIP ST. PETERSBURG FL		STREET ADDRESS	
TITLE VP <input type="checkbox"/> Delete	NAME MEDLEY, SHIRLEY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4339 50TH TERRACE S.		NAME	
CITY-ST-ZIP ST. PETERSBURG FL		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald Medley **DONALD MEDLEY** 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR