2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J46447

1. Entity Name
OUT ISLAND MARINE, INC.

Principal Place of Business	Mailing Address
6401 LYONS ROAD	6401 LYONS ROAD
COCONUT CREEK, FL 33073 US	COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE

04172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, DAVID T
6401 LYONS ROAD
COCONUT CREEK, FL 33073

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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 _____

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

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	PD
NAME	ROBERTSHAW, JOHN
STREET ADDRESS	6401 LYONS ROAD
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	S
NAME	PRICE, DAVID T
STREET ADDRESS	6401 LYONS ROAD
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _David T. Price_ DAVID T. PRICE 4-22-08 954-421-9399

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