## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K49867

Entity Name: FLANDERS MARINE SURVEYS, INC.

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5165 W STATE ST 8551 SE 143RD ST. HOMOSASSA, FL 34446 US INGLIS, FL 34449 US

**Current Mailing Address: New Mailing Address:** 

5165 W STATE ST 8551 SE 143RD ST. INGLIS, FL 34449 HOMOSASSA, FL 34447 US US

FEI Number: 59-2927690 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLANDERS, MICHAEL FLANDERS, MICHAEL 5165 W STATE ST 8551 SE 143RD STREET HOMOSASSA, FL 34446 US INGLIS, FL 34449

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.

SIGNATURE: 05/01/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

VΡ

( ) Delete

Title:

Title:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change ( ) Addition FLANDERS, MICHAEL, FLANDERS, MICHAEL, Name: 5165 W STATE ST 8551 SE 143RD STREET Address:

Title:

VΡ

City-St-Zip: HOMOSASSA, FL City-St-Zip: INGLIS, FL 34449

(X) Change ( ) Addition FLANDERS, LISA M Name: Name: FLANDERS, LISA M 5165 W STATE ST 8551 SE 143RD STREET Address: Address: HOMOSASSA, FL 34446 INGLIS, FL 34449 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

SANGALLO, MARY C Name: FLANDERS, MICHAEL K Name: 5165 W STATE ST 8551 SE 143RD STREET Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: INGLIS, FL 34449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K. FLANDERS **PRES** 05/01/2008