

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50542

FILED
Jan 21, 2009
Secretary of State

Entity Name: KNISKERN MARINE CENTER, INC.

Current Principal Place of Business:

% PHILIP W. KNISKERN
3000 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

% PHILIP W. KNISKERN
3000 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 65-0091107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNISKERN, PHILIP W
3750 NE 24TH AVE
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNISKERN, PHILIP W
Address: 3750 NE 24TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VP () Delete
Name: KNISKERN, ROBERT A
Address: 2821 NE 22ND COURT
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: KNISKERN, THOMAS R
Address: 3800 NE 24TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KNISKERN, THOMAS R
Address: 3431 NE 30TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: ROBERT A. KNISKERN

VP

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date