2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 24, 2007 08:00 AN DOCUMENT # K70195 **Secretary of State** 1. Entity Name DAVIS MARINE CONSTRUCTION, INC. Principal Place of Business Mailing Address 8160 ASHLAND AVENUE 8160 ASHLAND AVENUE PENSACOLA, FL 32534-1632 PENSACOLA, FL 32534-1632 01082007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2938096 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAVIS, THOMAS H., JR. DO NOT WRITE 8160 ASHLAND AVE PENSACOLA, FL 32534 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DP NAME DAVIS, THOMAS, JR, H STREET ADDRESS 1791 LORAIN CIR CITY-ST-ZIP CANTONMENT, FL 32533 ٧D TITLE U00000601989 NAME DAVIS, THOMAS, SR. H 01/26/07-80071-018 150.00 STREET ADDRESS 2058 MACKEY KEY DRIVE CITY-ST-ZIP PENSACOLA, FL 32514 TITLE STD NAME DAVIS, ALEX L STREET ADDRESS 3699 MACKEY COVE DR. DO NOT WRITE CITY-ST-ZIP PENSACOLA, FL 32514 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP THEE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO