

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K72504**

1. Entity Name  
**GRUNDY MARINE CONSTRUCTION COMPANY**



Principal Place of Business  
**2209 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address  
**2209 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 US**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2962873**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STARRATT, DIANA H  
2209 SAWGRASS VILLAGE DR  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000326848  
04/25/05-80013-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	GRUNDY, MICHAEL J
STREET ADDRESS	49 PHILLIPS AVE.
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	VP
NAME	CARUK, PETER N
STREET ADDRESS	179 WATER OAK DRIVE
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	S
NAME	STARRATT, DIANA H
STREET ADDRESS	14897 EDWARDS CREEK RD
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diana H. Starratt, Sec 04/20/05 904-285-8175**

Date

Daytime Phone #