

FILED

Apr 24, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K98136

1. Entity Name
POSTON MARINE, INC.

Principal Place of Business

601 N. 19TH ST.
TAMPA, FL 33605 US

Mailing Address

601 N. 19TH ST.
TAMPA, FL 33605 US

04132006 No Chg-F CR2E034 (11/05)

4. FEI Number
59-2961872Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CASSARAS, THEMELIS J.
1742 NEVADA AVE NE
ST PETERSBURG, FL 33703**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 reappointing

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CASSARAS, THEMELIS J
STREET ADDRESS	1742 NEVADA AVE NE
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000527566
05/05/06-80001-018 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 159, 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

Date

Daytime Phone #