


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L33944 1. Entity Name CERTIFIED MARINE CONSTRUCTION, INC.	
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Principal Place of Business 112 N.W. 1ST AVENUE DANIA, FL 33004 US	Mailing Address P. O. BOX 433 DANIA, FL 33004 US
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07072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0162036	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

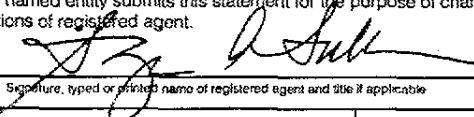
6. Name and Address of Current Registered Agent

FULLER, SYLVIA A
112 NW 1 AVENUE
DANIA, FL 33004

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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)

7-7-07

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLER, SYLVIA A. 112 N.W. 1ST AVENUE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIFFITH, JOSEPH 112 N.W. 1ST AVENUE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CHAPMAN, KEVIN 112 N.W. 1ST AVENUE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CHRISTOPHER, MICHAEL 112 N.W. 1ST AVENUE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/07-80001-004 150.00

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IN THIS SPACE**

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



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #