


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90016 002 ****61.25

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|--|---|---|--|---|--|
| DOCUMENT # N03000003631 1. Entity Name MARINE ARCHAEOLOGICAL RESEARCH AND CONSERVATION, INC. | | | |  | |
| Principal Place of Business 2661 NE 3RD STREET POMPANO BEACH, FL 33062 | | | Mailing Address 2661 NE 3RD STREET POMPANO BEACH, FL 33062 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WHITE, BRUCE KEMPER 2661 NE 3RD STREET POMPANO BEACH, FL 33062 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM WHITE, BRUCE K 2661 NE 3RD STREET POMPANO BEACH, FL 33062 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM KENDRIGAN, PETER 5000 N. OCEAN BLVD., F-206 BAY DR. BRINY BREEZES, FL 33435 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM MASTERTON, JOE 3119 NW 18TH AVE. OAKLAND PARK, FL 33309 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM LAFORGE, DAVID 4007 N. OCEAN BLVD., #3A FT. LAUDERDALE, FL 33308 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM MCJUNKIN, GEORGE 43 NE 26TH COURT WILTON MANOR, FL 33334 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM WILMOTH, DARYL 1070 NE 8TH AVE BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 137 JOHN JANZEN 7100 TAYLOR WOOD DRIVE LAKE WORTH, FL 33467 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 617, 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: <i>Peter M. Kendrigan</i> PETER M. KENDRIGAN | | Date 3/30/2006 Daytime Phone # 561 530 0535 | | | |