
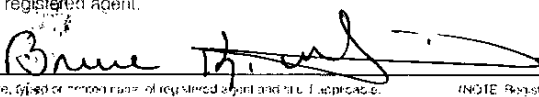


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 012 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number NO-T APPLICABLE		
5. Certificate of Status Desired <input checked="" 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  <small>Signature, dated or month/year of registered agent and title, if applicable.</small>		DATE 4/15/08 <small>(NOTE: Registered Agent signature required with this statement)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 DIMESKY, ROBERT S 9477 EL CLAIR RANCH ROAD BRINY BREEZES FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ALLEN, STEPHANIE 1700 NORTH RIVER DRIVE. APT 906 MIAMI FL 33312-5	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JANZEN, JOHN 7100 TAYLOR WOOD DR LAKE WORTH FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MCJUNKIN, GEORGE 43 NE 26TH COURT WILTON MANOR FL 33334	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES BARKER SMITH III 4625 PUNCIANA ST #123 LAUDERDALE-BY-TH-SEA FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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 Section 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:  