2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N41999

Entity Name: MARINE CONTRACTORS' ASSOCIATION OF NORTH FLORIDA, INC.

Current Principal Place of Business:

22 NW MAPLES ST
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 1514
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3063798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTZOG, PAUL
22 NW MAPLES ST
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HARTZOG, PAUL	
Address:	22 NW MAPLES ST	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	VPD	( ) Delete
Name:	LOFTIS, JOHN	
Address:	4599 SPANISH TRAIL, SUITE A	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	TD	( ) Delete
Name:	MARCEAU, DAN	
Address:	224 CALIFORNIA DR	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	SD	( ) Delete
Name:	LANCASTER, WAYNE	
Address:	509 APACHE ST	
City-St-Zip:	FORT WALTON BEACH, FL 32547	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE LANCASTER SD 04/29/2005

Electronic Signature of Signing Officer or Director — Date