

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90026 050 \*\*\*\*70.00

00000331



01092006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N95000000708</b> 1. Entity Name <b>FLORIDA MARINE INTELLIGENCE UNIT, INC.</b>					
Principal Place of Business <b>620 SO. MERIDIAN ST.</b> <b>TALLAHASSEE, FL 32399 US</b>			Mailing Address <b>P.O. BOX 5677</b> <b>TALLAHASSEE, FL 32314</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3304445</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALFORD, TARA</b> <b>620 SO. MERIDIAN ST.</b> <b>TALLAHASSEE, FL 32399</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE <b>PD</b>	NAME <b>FLEMING, MATT</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>10247 N SUNCOAST BLVD</b>	CITY-ST-ZIP <b>CRYSTAL RIVER, FL 34428</b>				
TITLE <b>1VP</b>	NAME <b>SUBER, JIM</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>501 EAST BAY STREET</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32202</b>				
TITLE <b>D</b>	NAME <b>ALFORD, TARA</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>620 SO. MERIDIAN ST.</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL 32399</b>				
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  				
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  				
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  				
TITLE  	NAME  		<input type="checkbox"/> Delete		
STREET ADDRESS  	CITY-ST-ZIP  				

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:** *Tara Alford*

**1-9-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #