

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004182
 1. Entity Name
 COOPERATIVE FOR SPILLAGE CONTROL OF ST. MARKS, INC.



Principal Place of Business
 49 TERMINAL DRIVE
 ST. MARKS, FL 32355 US

Mailing Address
 P O BOX 236
 ST. MARKS, FL 32355 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3395864

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOUTWELL, GREGG
 49 TERMINAL DRIVE
 ST. MARKS, FL 32355

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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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOUTWELL, GREGG
STREET ADDRESS	PO BOX 236
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	P
NAME	JONES, MIKE
STREET ADDRESS	PO BOX 8
CITY-ST-ZIP	ST MARKS, FL 32355
TITLE	D
NAME	BOUTWELL, GREGG
STREET ADDRESS	PO BOX 38
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	D
NAME	SPALVEY, JENNIFER
STREET ADDRESS	P.O. BOX 8
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	D
NAME	SHIELDS, CHUCK
STREET ADDRESS	P.O. BOX 218
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *William G. Postwell* William G. Postwell 2-13-08 (813) 925-6020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #