

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002848

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** LABAGH MARINE CONTRACTING, INC.

**Current Principal Place of Business:**

10777 SE MARICAMP RD  
CANDLER, FL 32111

**New Principal Place of Business:**

10775 SE MARICAMP RD  
OCALA, FL 344722507

**Current Mailing Address:**

PO BOX 655  
CANDLER, FL 321110655

**New Mailing Address:**

FEI Number: 59-3617063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANCE, JOSEPH T  
2 PINE COURT PLACE  
OCALA, FL 344729048 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LABAGH, DAVID A  
Address: 10725 S.E. MARICAMP ROAD  
City-St-Zip: CANDLER, FL 32111

Title: DVPS ( ) Delete  
Name: LABAGH, MICHAEL J  
Address: P.O. BOX 232  
City-St-Zip: CANDLER, FL 321110232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: LABAGH, DAVID A  
Address: P.O. BOX 134  
City-St-Zip: CANDLER, FL 321110134

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LABAGH

DPT

04/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date