

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P00000026684

1. Entity Name
KIP MARINE SERVICE, INC.



Principal Place of Business

2442 S.W. 42 TERRACE
FT. LAUDERDALE, FL 33317

Mailing Address

2442 S.W. 42 TERRACE
FT. LAUDERDALE, FL 33317



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0994496

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOUTORGUINE, IGOR
2442 S.W. 42 TERRACE
FT. LAUDERDALE, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000852723
03/26/08-80040-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOUTORGUINE, IGOR
STREET ADDRESS 2442 S.W. 42 TERRACE
CITY-ST-ZIP FT. LAUDERDALE, FL 33317

TITLE
NAME
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CITY-ST-ZIP

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGOR KOUTORGUINE

3-05-08

(954) 540-5631

Date

Daytime Phone #