

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000027698

1. Entity Name
VANDERARK MARINE CORP.



FILED

06 OCT -6 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

290 NO. DIXIE HWY
STUART, FL 34994

Mailing Address

290 NO. DIXIE HWY
STUART, FL 34994

2. Principal Place of Business

428 Akron Avenue
Suite, Apt. #, etc.
5A

3. Mailing Address

428 Akron Avenue
Suite, Apt. #, etc.
5A

09122006

Chg-P

CR2E034 (11/05)



City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-1054922

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIED, MARK E
1110 BRICKELL AVE., STE. 700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME KROGEN, KURT M
STREET ADDRESS 290 NO. DIXIE HWY
CITY-ST-ZIP STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME KROGEN, KURT M.
STREET ADDRESS 428 Akron Ave., #5A
CITY-ST-ZIP Stuart, FL 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Kurt M. Krogen

Date

Daytime Phone #