



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90815 004 ***150.00

DOCUMENT # P00000080583			
1. Entity Name MCLAUGHLIN MARINE ELECTRONICS, INC.			
Principal Place of Business 6832 NORTHWEST 27TH WAY FT LAUDERDALE, FL 33309		Mailing Address 6832 NORTHWEST 27TH WAY FT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3577 SW 10th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pompano Beach, FL	
Zip	Country	Zip	Country
		33069	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCLAUGHLIN, JAMES 6832 NW 27TH WAY FORT LAUDERDALE, FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCLAUGHLIN, JAMES L 6832 NORTHWEST 27TH WAY FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCLAUGHLIN, ANN T 6832 NORTHWEST 27TH WAY FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4-26-07 954 410-6885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40091923



04202007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1035906 Applied For Not Applicable

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