


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000086337 1. Entity Name ABOVE & BEYOND MOBILE MARINE SERVICE, INC. |  |
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| Principal Place of Business C/O KARL A. HARRIGER 451 SW DALTON CIRCLE PT. ST. LUCIE, FL 34953 | Mailing Address C/O KARL A. HARRIGER 451 SW DALTON CIRCLE PT. ST. LUCIE, FL 34953 |
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07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-1030438 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HARRIGER, KARL A 451 SW DALTON CIRCLE PORT SAINT LUCIE, FL 34953 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES HARRIGER, KARL A 451 SW DALTON CIR PORT SAINT LUCIE, FL 34953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HARRIGER, LORIE 451 SW DALTON CIR PORT SAINT LUCIE, FL 34953 |
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07/18/05-80003-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7-11-05 (72260-6361)
Date Daytime Phone #