

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000096330**

1. Entity Name  
**MARINE SAFETY GROUP INTERNATIONAL, INC.**



Principal Place of Business  
**1919 S. ANDREWS AVE.  
FT. LAUDERDALE, FL 33316**

Mailing Address  
**1919 S. ANDREWS AVE.  
FT. LAUDERDALE, FL 33316**



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1046379**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORLEY, THEODORE  
1915 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPC
NAME	MORLEY, THEODORE
STREET ADDRESS	1919 S. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	DVPT
NAME	MORLEY, BEVERLY
STREET ADDRESS	1919 S. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	DS
NAME	BEAVERS, AMY M
STREET ADDRESS	1919 SOUTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000753185  
05/22/07-80011-004 150.00

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

DATE

DAYTIME PHONE #

*Raymond Morley, Treasurer* 4/30/07 9547669955