2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000727

Title:

Name:

Address:

City-St-Zip:

Entity Name: HAMMERHEAD MARINE CONSTRUCTION, INC.

FILED Jun 01, 2009 Secretary of State

Littly Nan	HE. HAWWINER	HEAD WARINE CONSTRUCT	HON, INC				
Current Principal Place of Business:				New Principal Place of Business:			
2697 SW DOMINA STREET PORT ST LUCIE, FL 34953				2633 SW TANFORAN BOULEVARD PORT ST LUCIE, FL 34987			
Current Mailing Address:				New Mailing Address:			
2697 SW DOMINA SREET PORT ST LUCIE, FL 34953				2633 SW TANFORAN BOULEVARD PORT ST LUCIE, FL 34987			
FEI Number:	65-1073939	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desir	ed (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	DENNIS F FORAN BLVD LUCIE, FL 349	987 US					
The above in the State		submits this statement for the p	ourpose of	changing it	s registered	l office or registered agent	, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
Election Can		3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). TORS:		·		S TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	RESPOL, DENI	N BOULEVARPD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HELLBERG, RE	ORAN BOULEVARD		Title: Name: Address: City-St-Zip:	ASH, THOMA	SCUS AVENUE	
Title: Name: Address: City-St-Zip:	T () LOPEZ, HENRE 1540 SE OCEA STUART, FL 34	N AVENUE		Title: Name: Address: City-St-Zip:	HELLBERG, 2633 SW TA	(X) Change () Addition REGINA NFORAN BOULEVARD JCIE. FL 34987	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DENNIS RESPOL PRES 06/01/2009

() Delete

264 SE MONTEREY BOULEVARD

PADILLA, ORBÍN

STUART, FL 34994

(X) Change () Addition

LOPEZ, HENRRI

STUART, FL 34994

1540 SE OCEAN AVENUE