


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90024 043 \*\*\*150.00

DOCUMENT # P01000006160			
1. Entity Name COLEMAN MARINE, INC.			
Principal Place of Business 3060 HARBOR DRIVE ST. AUGUSTINE, FL 32084		Mailing Address 3060 HARBOR DRIVE ST. AUGUSTINE, FL 32084	
2. Principal Place of Business <i>3036 B Harbor Dr.</i>		3. Mailing Address <i>3036 B Harbor Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01202006		Chg-P	CR2E034 (11/05)
4. FEI Number 59-3691514		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLEMAN, WILFRID W 3060 HARBOR DRIVE ST. AUGUSTINE, FL 32084		Name Street Address (P.O. Box Number is Not Acceptable) <i>3036 B Harbor Dr.</i> City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSTD COLEMAN, WILFRID W <del>3060 HARBOR DRIVE</del> <i>3036 B Harbor Dr.</i> ST. AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P.</i> Carolyn A. Coleman <i>3036 B Harbor Dr.</i> <i>St. Augustine, FL 32084</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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: <i>Carolyn A. Coleman</i>		Date: <i>1/23/06</i>	Daytime Phone #: <i>904/844-8880</i>