


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P01000043139<br>1. Entity Name<br>BURGER MARINE SERVICES, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>1535 SE 17TH ST., STE. 121<br>FT. LAUDERDALE, FL 33316 | Mailing Address<br>1811 SPRING STREET<br>MANITOWOC, WI 54220 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-1104886                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROSS, DAVID<br>1811 SPRING ST.<br>MANITOWOC, WI 54220      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUFFOLO, JAMES M<br>1811 SPRING ST.<br>MANITOWOC, WI 54220 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

U00000693071  
04/16/07-80025-011 150.00

**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:**  **JAMES M. RUFFOLO VICE PRESIDENT** **4/2/07** **920-686-5102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #