## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## OCUMENT # P01000065194

TAS MARINE, INC.

Principal Place of Business

3229 FRONTIER AVENUE LAKE WORTH, FL 33467



**FILED** Feb 26, 2007 08:00 AM Secretary of State

Mailing Address

3229 FRONTIER AVENUE LAKE WORTH, FL 33467



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02222007

4. FEI Number 65-1117208

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES 3229 FRONTIER AVENUE LAKE WORTH, FL 33467

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent	pose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
Signature, typod or printed name of registored 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 \$5.00 May Be Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS			1		· <del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JAMES 3229 FRONTIER AVENUE LAKE WORTH, FL 33467					
TITLE					000000646935 03/06/07-80052-008 150.00	
NAME STREET ADDRESS					00/00/01 00032 000 130.00	
CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE	-					

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP