


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90022 028 ***563.75

DOCUMENT # P02000000059		
1. Entity Name MCCLURE MARINE ELECTRONICS, INC.		

Principal Place of Business 5401 S INDIAN RIVER DR FORT PIERCE FL 34982	Mailing Address 1919 NORTH 3RD ST. FT. PIERCE FL 34946
---	--



2. Principal Place of Business - No P.O. Box # 2303 N. US1	3. Mailing Address 2303 N. US1
Suite, Apt. #, etc. -17	Suite, Apt. #, etc. -17

2nd MOORE CR2E034 (4/07)

City & State FORT PIERCE FL	City & State FORT PIERCE FLA
Zip 34946	Country ST LUCIE

4. FEI Number 65-0248895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLURE, ROBERT J 1919 NORTH 3RD ST. FT. PIERCE FL 34946

7. Name and Address of New Registered Agent Name Robert J. Mcclure Street Address (P.O. Box Number is Not Acceptable) 2303 N. US1 Suite 17 City FORT PIERCE FL Zip Code 34946
--

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 <i>Robert J. Mcclure</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE</small>	
--	--

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MCCLURE, ROBERT J 1919 NORTH 3RD ST. FT. PIERCE FL 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D MCCLURE, MINNIE H 1919 NORTH 3RD ST. FT. PIERCE FL 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRES Robert J. Mcclure 2303 N. US1 Suite 17 Fort Pierce FL 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V-P Jesse L. Snyder 1931 N. 3rd St. Ft. Pierce, FL 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert J. Mcclure* **7-28-07** **772-370 4813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #