2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002507

Name:

Address:

City-St-Zip:

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FT MYERS BEACH, FL 33931 US

DOLAN, MICHAEL J

742 FISHERMANS WHARF

FILED May 28, 2008 Secretary of State

				· · · · · · · · · · · · · · · · ·	
Entity Nar	me: DOLAN	MARINE CONSTRUCTION, IN	C.		
Current Principal Place of Business:			New Principal Plac	e of Business:	
12951 ION FT MYERS	A ROAD S, FL 33908				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
12951 ION FT MYERS	A ROAD 5, FL 33908				
FEI Number:	: 04-3586456	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
WANDERSON, THOMAS 809 WALKERBILT ROAD, SUITE 5 NAPLES, FL 34110 US			809 WALKERBILT R SUITE 5	TAX ACCOUNTING & FINANCIAL ASSOCIATES, INC 809 WALKERBILT ROAD SUITE 5 NAPLES, FL 34110 US	
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATURE: BENJAMIN J. COTTRELL				05/28/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (DOLAN, MATT 12951 IONA R FT MYERS, FL	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (DOLAN, MATT 12951 IONA R FT MYERS, FI	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW DOLAN DP 05/28/2008

() Change () Addition