

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102756

1. Entity Name
BIDLACK MARINE CONTRACTING INC.



Principal Place of Business

**705 S CASEY KEY RD
NOKOMIS, FL 34275**

Mailing Address

**705 S CASEY KEY RD
NOKOMIS, FL 34275**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4218939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BIDLACK, MICHAEL D
705 S CASEY KEY RD
NOKOMIS, FL 34275**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BIDLACK, MICHAEL
STREET ADDRESS	705 S CASEY KEY RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	S
NAME	BIDLACK, AARON
STREET ADDRESS	705 S CASEY KEY RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	S
NAME	MUNOZ, MARCO POLO
STREET ADDRESS	385 SHAMROCK BLVD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80033-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan 06

Date

Daytime Phone #

941 468 141