

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000104055

1. Entity Name
JOHN LIDDYS MOBILE MARINE, INC.



Principal Place of Business
**306 SOMBREERO BEACH RD APT 1
MARATHON, FL 33050**

Mailing Address
**306 SOMBREERO BEACH RD APT 1
MARATHON, FL 33050**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4524270	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

**DORL, JAMES J ESQ
5701 OVERSEAS HWY STE 12
MARATHON, FL 33050**

**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	D
NAME	LIDDY, JOHN L
STREET ADDRESS	306 SOMBREERO BEACH RD APT 1
CITY-ST-ZIP	MARATHON, FL 33050

TITLE	D
NAME	CIDDY, ALAN
STREET ADDRESS	306 SOMBRAN BCH RD
CITY-ST-ZIP	MARATHON, FL 33050

TITLE	D
NAME	LIDDY, ANNA
STREET ADDRESS	306 SUMBRAN BCH RD
CITY-ST-ZIP	MARATHON, FL 33050

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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05/05/06-80066-025 150.00

**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:

William N. DeVane Jr. 4/2/06 305-743-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #