

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90185 040 \*\*\*150.00

<b>DOCUMENT # P02000105482</b> 1. Entity Name <b>BLUE MARLIN SEAWALL &amp; REPAIR, INC.</b>			
Principal Place of Business 118 S. BARFIELD DR STE A MARCO ISLAND, FL 34145		Mailing Address 118 S. BARFIELD DR STE A MARCO ISLAND, FL 34145	
2. Principal Place of Business <u>994 N. Barfield Dr</u> Suite, Apt. #, etc. <u>Ste 16</u> City & State <u>Marco Island, FL</u> Zip <u>34145</u> Country <u>USA</u>		3. Mailing Address <u>994 N. Barfield Dr</u> Suite, Apt. #, etc. <u>Ste 16</u> City & State <u>Marco Island, FL</u> Zip <u>34145</u> Country <u>USA</u>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>QUINN, JEFFREY C</b> <b>418 S BARFIELD DR</b> <b>MARCO ISLAND, FL 33942</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MANN, GREG</b> <b>140 TRINIDAD ST</b> <b>NAPLES, FL 34113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>VALLADARES, ARAIS</b> <b>140 TRINIDAD ST</b> <b>NAPLES, FL 34113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u>Gregory A Mann</u> <u>Gregory A Mann VPRES 4/21/06 (239) 642-4284</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			