


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 A
Secretary of State

DOCUMENT # P02000107528 1. Entity Name DDD MARINE EQUIPMENT INC.	
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Principal Place of Business 10927 HAZEL AVENUE HUDSON, FL 34669	Mailing Address 10927 HAZEL AVENUE HUDSON, FL 34669
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0429754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCI, JAMES E 2288 COMMERCIAL WAY SPRING HILL, FL 34606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PORTER, RONALD 10927 HAZEL AVENUE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, DIANE 10927 HAZEL AVE. HUDSON, FL 34669
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<p>U000000880001 04/15/08-80043-007 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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. *Pass.*

SIGNATURE:  **RONALD G PORTER** *4/1/08* *727-863 2346*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #