## **FILED** Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90268 038 \*\*\*150.00 50005605 03172006 CR2E034 (11/05) 4. FEI Number Applied For 58-2670384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent KRONSPERGER

2006	<b>FOR</b>	<b>PROF</b>	ΉT	COF	RPOF	RATI	ON
	Α	NNUA	\L F	REP	ORT		

Mailing Address

3. Mailing Address

33709

Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

8400 HAWBUCK ST

TRINITY, FL 34655

- 5040 54 ST N

City & State

T PETEKSBURG

**DOCUMENT # P03000080172** 

Country

NELLAS

6. Name and Address of Current Registered Agent

MARINE SOLID SURFACE, INC.

1. Entity Name

Principal Place of Business

2. Principal Place of Business 4531 43R0

SIGNATURE:

8400 HAWBUCK ST TRINITY, FL 34655

8400 HAWBUCK ST TRINITY, FL 34655			Street A	Street Address (P.O. Box Number is Not Acceptable)							
				PETERS BU	<i>R6</i> F	L Zincod	<b>ງ</b> 09				
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 THOMAS & KRONSPER GER 3/20/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees			:				
10.	OFFICERS AND DIREC		11,		/CHANGES TO OFFICERS AN	D DIRECTOR	_				
NAME STREET ADDRESS CITY-ST-ZIP	P VITKOVSKY, CHRISTOPHER D 8400 HAWBUCK ST TRINITY, FL 34655	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5040 54	KRONSPERGER	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLA-VITKOVSKY, ALINE I 8400 HAWBUCK ST TRINITY, FL 34655	<b>∭</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 FE /E/CO	ord 70 5570	☐ Change	☐ Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
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.											

THOMAS G KRONSAIRGER

Country PINEZLAS