

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000109046

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** WISE MARINE CONSTRUCTION, INC.

**Current Principal Place of Business:**

113 W. 15TH STREET  
SANFORD, FL 32771

**New Principal Place of Business:**

860 E. STATE ROAD 434  
SUITE B  
LONGWOOD, FL 32750

**Current Mailing Address:**

113 W. 15TH STREET  
SANFORD, FL 32771

**New Mailing Address:**

860 E. STATE ROAD 434  
SUITE B  
LONGWOOD, FL 32750

**FEI Number:** 59-1469536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WISE, CHRISTOPHER R  
113 W. 15TH STREET  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WISE, CHRISTOPHER R  
Address: 113 W. 15TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete  
Name: WISE, LESLIE W  
Address: 113 W. 15TH ST  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: WISE, MATTHEW  
Address: 1799 YORKSHIRE DR.  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER WISE

DP

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date