

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000143205

1. Entity Name
MARINE SEWING, INC.



Principal Place of Business
6801 GULFPORT BLVD S
SOUTH PASADENA, FL 33707

Mailing Address
6801 GULFPORT BLVD S
SOUTH PASADENA, FL 33707



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1611642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMMIS, ROBERT E JR
6801 GULFPORT BLVD S
SOUTH PASADENA, FL 33707

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000986917

04/18/08-80077-017-150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SAMMIS, ROBERT E JR
STREET ADDRESS 6735 CANTON ST S
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE D
NAME SAMMIS, BARBARA G
STREET ADDRESS 6735 CANTON ST S
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E SAMMIS, JR

Date

Daytime Phone #

4/7/08 727-345-6994