

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90063 045 ***158.75

40001000



04072005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000155288 1. Entity Name FLAGLER MARINE CONSTRUCTION, INC.					
Principal Place of Business 2313 ROSEWOOD BUNNELL, FL 32110 US			Mailing Address P.O. BOX 1294 BUNNELL, FL 32110 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FE! Number 20-0505402	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAIR, JOHN <input type="checkbox"/> Delete P.O. BOX 1294 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jason LaBounty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2772 Spruce St. Bunnell, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRESOL, BRYAN <input checked="" type="checkbox"/> Delete 23 B WOOD AMBER LANE PALM COAST, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ryan Reilly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 28 Bracken Lane Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACON, MARTIN <input checked="" type="checkbox"/> Delete P.O. BOX 2145 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John Bair</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/10/05</u> (386) Daytime Phone # <u>586-6173</u>		