

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000152400**

1. Entity Name  
**CERTIFIED MARINE GROUP, INC.**



Principal Place of Business  
**1692 N.E. SEAHORSE PLACE  
JENSEN BEACH, FL 34957 US**

Mailing Address  
**1692 N.E. SEAHORSE PLACE  
JENSEN BEACH, FL 34957 US**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**



04202006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**32-0131094**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**WEISS, CHRIS R  
1692 N.E. SEAHORSE PLACE  
JENSEN BEACH, FL 34957**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000529296  
05/05/06-80070-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
WEISS, CHRIS R  
1692 N.E. SEAHORSE PLACE  
JENSEN BEACH, FL 34957**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WEISS, NANCY C  
1692 N.E. SEAHORSE PLACE  
JENSEN BEACH, FL 34957**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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**

Date

daytime Phone #

*Nancy C. Weiss* **Nancy C. Weiss** 4/20/06 772-334-4722