

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90414 005 ***150.00

14019261

DOCUMENT # P04000153230

1. Entity Name
DAMON MARINE AND CONSTRUCTION, INC.



Principal Place of Business
145 POSEY ROAD
CRAWFORDVILLE, FL 32327

Mailing Address
145 POSEY ROAD
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

145 POSEY ROAD
Suite, Apt. #, etc.
CRAWFORDVILLE

City & State
FL

Zip 32327

Country US

3. Mailing Address

145 POSEY ROAD
Suite, Apt. #, etc.
CRAWFORDVILLE

City & State
FL

Zip 32327

Country US

04292005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1819984

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMON, DAVID R II
145 POSEY ROAD
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name DAVID R DAMON II

Street Address (P.O. Box Number is Not Acceptable)

145 POSEY RD

City CRAWFORDVILLE

FL Zip Code 32327

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)

4-29-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT Delete
NAME DAVID R DAMON II
STREET ADDRESS 145 POSEY RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #