2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159835

Title:

Name:

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Name:

Address:

City-St-Zip:

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City-St-Zip:

PD

PD

HELMAN, MARK J

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608 CEDAR BOUGH COURT

ST. AUGUSTINE, FL 32080

WICKHAM, LÌNDSAY A

PALM COAST, FL 32137

6 RUE RENOIR

Entity Name: HALF HITCH MARINE SERVICES, INC.

FILED Apr 17, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	COVE AVE, W STINE, FL 320	86				
Current Mailing Address:			New Maili	New Mailing Address:		
6824 SEACOVE AVE, W ST AUGUSTINE, FL 32086						
FEI Number:	20-1985543	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
DFQ BUSIN 2120 US 1	NER, DORRA NESS SERVIC S, STE 111 STINE, FL 320	ES, INC.	6824 SEAC	GRANT, KAREN J SEC 6824 SEACOVE AVE W ST AUGUSTINE, FL 32086 US		
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E: KAREN J	GRANT, SECRETARY		04/17/2006		
	Electron	ic Signature of Registered Ager	nt	Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () HILL, RICHARD 6824 SEACOVE ST AUGUSTINE	EAVE, W	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () GRANT, KAREN 6824 SEACOVE ST AUGUSTINE	EAVE, W	Title: Name: Address: City-St-Zip:	VSTD (X) GRANT, KAREN 6824 SEACOVE ST AUGUSTINE	E AVE, W	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN J GRANT SEC 04/17/2006

(X) Change () Addition

(X) Change () Addition

HELMAN, MARK J

608 CEDAR BOUGH COURT

ST. AUGUSTINE, FL 32080

NEWMAN, BRADLEY A

#7A, 405 FLAGLER BLVD

ST AUGUSTINE, FL 32080