

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001189

FILED
Apr 18, 2009
Secretary of State

Entity Name: TECHTON MARINE CONSULTING, INC.

Current Principal Place of Business:

28503 TALL GRASS DR.
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47465
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-2097067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TECHTON, SAMUEL D JR.
28503 TALL GRASS DR
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TECHTON, SAMUEL D JR.
Address: 28503 TALL GRASS DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SECR () Delete
Name: TECHTON, SAMUEL D JR
Address: 28503 TALL GRASS DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TREAS () Delete
Name: TECHTON, SAMUEL D JR.
Address: 28503 TALL GRASS DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TECHTON, SONYA L
Address: 28503 TALL GRASS DR
City-St-Zip: WESLEY CHAPEL, FL 33543

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

SIGNATURE: SAMUEL D TECHTON JR.

P

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date