11 Aug 2008 11:01 HP LASERJET FAX

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Aug 25, 2008 8:00 am
Secretary of State
08-25-2008 90004 028 ***558.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017115

1. Entity Name
NICK'S CREATIVE MARINE, INC.

40114273

Principal Place of Business	Mailing Address
691 PAWNEE STREET JUPITER, FL 33458	~~691 PAWNEE STREET~~ ~~JUPITER~~, FL 33458

08112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2475 Mercer Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 102	
City & State		City & State West Palm Beach	
Zip	Country	Zip 33401	Country Palm Beach

4. FEI Number 20-2215109 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCAFIDI, NICHOLAS
691 PAWNEE STREET
JUPITER, FL 33458

7. Name and Address of New Registered Agent

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SCAFIDI, NICHOLAS 691 PAWNEE STREET JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ Aug 18, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #