
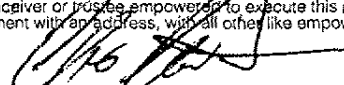


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000017911		
1. Entity Name J.C. MARINE CONTRACTORS, INC.		
Principal Place of Business 159 POINT PLEASANT DRIVE PALM COAST, FL 32164		Mailing Address 159 POINT PLEASANT DRIVE PALM COAST, FL 32164
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOWARD, CHRIS 159 POINT PLEASANT DRIVE PALM COAST, FL 32164		<div>01252007 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number 84-1669588</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>DO NOT WRITE IN THIS SPACE</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>U00000609330 02/01/07-80044-024 150.00</div> <div>DO NOT WRITE IN THIS SPACE</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HOWARD, CHRIS 159 POINT PLEASANT DRIVE PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S TERZI, DENNIS 159 POINT PLEASANT DRIVE PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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: *  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/25/07</u> Daytime Phone # _____