

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007

Chg-P

CR2E034 (12/06)

4. FEI Number

84-1669588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, CHRIS
159 POINT PLEASANT DRIVE
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name Charles McCraney
Street Address (P.O. Box Number is Not Acceptable) 159 Point Pleasant Dr
Palm Coast
City Palm Coast FL Zip Code 32164

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 Charles McCraney
Signature, typed or printed name of registered agent and title if applicable.

Charles McCraney
(NOTE: Registered Agent signature required when reinstating)

2-12-07
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees ☐

000088727800
02/19/07--01039--021 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOWARD, CHRIS
STREET ADDRESS 159 POINT PLEASANT DRIVE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE S ☐ Delete
NAME TERZI, DENNIS
STREET ADDRESS 159 POINT PLEASANT DRIVE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 another like empowered.

SIGNATURE: Chris Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President)

Date

Daytime Phone #

2/12/07 (316) 447-8003

FILED

07 FEB 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

