

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021160

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA MARINE FABRICATORS, INC

**Current Principal Place of Business:**

7261 W GROVER CLEVELAND BLVD  
BLD. B  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

7261 W GROVER CLEVELAND BLVD  
HOMOSASSA, FL 34446

**Current Mailing Address:**

7261 W GROVER CLEVELAND BLVD  
BLD. B  
HOMOSASSA, FL 34446

**New Mailing Address:**

7261 W GROVER CLEVELAND BLVD  
HOMOSASSA, FL 34446

**FEI Number:** 20-2312721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAFLEUR, JOHN P  
6158 W CRAFT LN  
HOMOSASSA, FL 34448 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: LAFLEUR, JOHN P  
Address: 6158 W CRAFT LN  
City-St-Zip: HOMOSASSA, FL 34448

Title: D ( ) Delete  
Name: VARNES, LARRY  
Address: P.O. BOX 1525  
City-St-Zip: HOMOSASSA SPRINGS, FL 344471525

Title: D ( ) Delete  
Name: YUNK, RICKEY  
Address: 7915 W. HOMOSASSA TRAIL  
City-St-Zip: HOMOSASSA, FL 34448

**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:

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:** JOHN P. LAFLEUR

P

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date