2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000030863

1. Entity Name

SUMMIT MARINE CONSTRUCTION, INC.

100

Principal Place of Business

4000 ST JOHNS AVE - STE 42 JACKSONVILLE, FL 32205 Mailing Address

4000 ST JOHNS AVE - STE 42 JACKSONVILLE, FL 32205 FILED May 02, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2416799 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY, SHANNON L 4000 ST JOHNS AVE - STE 42 JACKSONVILLE, FL 32205 DO NOT WRITE IN THIS SPACE

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 lamiliar with, and accept the obligations of registered agent.					
SIGNATURE_				., : .	j te
······································	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Register	ed Agent signature	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE		OTORS		\$ * * * * * * * * * * * * * * * * * * *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. TERRY, SHANNON L 4000 ST JOHNS AVE - STE 42 JACKSONVILLE, FL 32205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. TERRY, DORIS P 4000 ST JOHNS AVE - STE 42 JACKSONVILLE, FL 32205				U00000754895 05/22/07-80079-017 150.00
TITLE					

DO NOT WRITE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS
CITY-ST-ZIP

TITLE
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 all other like empowered.

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

NAME

Shannon L. Ter ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/07 (904)388-111
Gaile Gayline Phone #