

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058021

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** APT MARINE, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

W 5110 ROAD B  
FONTANA, WI 53125 US

**New Mailing Address:**

W 5110 COUNTY ROAD B  
FONTANA, WI 53125 US

**FEI Number:** 20-2700300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE & CO., P.A.  
355 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: TRAJKOVICH, ANTHONY  
Address: 355 ALHAMBRA CIRCLE, 1100  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TRAJKOVICH, ANTHONY  
Address: W 5110 COUNTY ROAD B  
City-St-Zip: FONTANA, WI 53125

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: ANTHONY TRAJKOVICH

D

04/15/2009

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

\_\_\_\_\_ Date