

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2011 SEP 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000101672 1. Entity Name O'DANIEL MARINE CONSTRUCTION, INC.	
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Principal Place of Business 1165 SUNSET LANE GULF BREEZE, FL 32563	Mailing Address 1165 SUNSET LANE GULF BREEZE, FL 32563
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09142011 Chg-P CR2E034 (11/08)

City & State Zip Country	City & State Zip Country	4. FEI Number 20-3064288	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent O'DANIEL, MICHAEL S SR 1165 SUNSET LANE GULF BREEZE, FL 32563	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 23, 2011	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DANIEL, CHARLES B	NAME	000212097620
STREET ADDRESS	1165 SUNSET LANE	STREET ADDRESS	09/22/11--01023--013 **8.75
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	000212097620
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Addition
NAME	O'DANIEL, MICHAEL S SR	NAME	09/14/11--01012--003 **550.00
STREET ADDRESS	1165 SUNSET LANE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DANIEL, MICHAEL S JR	NAME	<i>AS 9/22</i>
STREET ADDRESS	584 ROMANA STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, WILLIE L	NAME	
STREET ADDRESS	2930 WEST MORENO ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Charles B. O'Daniel* **Charles B. O'DANIEL** 9/18/11 850-393-6087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #