

FILED
Jul 25, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000154671 1. Entity Name MOORMAN'S MARINE, INC.	
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Principal Place of Business 1340 EVALENA LANE NORTH FORT MYERS, FL 33917	Mailing Address 1340 EVALENA LANE NORTH FORT MYERS, FL 33917
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07052007 No Chg-P CR2E034 (11/05)

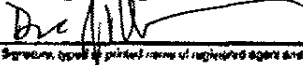
4. FEI Number 35-2284987	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOORMAN, DAVID 1340 EVALENA LANE NORTH FORT MYERS, FL 33917

**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 familiar with, and accept the obligations of registered agent.

SIGNATURE  **DAVID MOORMAN** 07-01-07 158.75
Signature (print or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive this prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORMAN, DAVID 1340 EVALENA LANE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORMAN, JUANITA 1340 EVALENA LANE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **DAVID MOORMAN** 7-11-07 239-410-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone