## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000157320

Title:

Name:

Address:

City-St-Zip:

Intity Name: CAP'N BLACK'S MARINE CONSTRUCTION INC

FILED Mar 25, 2009 Secretary of State

Entity Name: CAP'N BLACK'S MARINE CONSTRUCTION, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
5951 COLTER ROAD MILTON, FL 32583				5800 COMMERCE ROAD MILTON, FL 32583			
Current Mailing Address:				New Mailing Address:			
5951 COLTER ROAD MILTON, FL 32583				5800 COMMERCE ROAD MILTON, FL 32583			
FEI Number:	20-3859262	FEI Number Applied For()	FEI Numbe	er Not Applie	cable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Na	ame and	Address of	New Registered Agent:	
WOLFE, MELONEY D 5951 COLTER ROAD MILTON, FL 32583 US				WOLFE, MELONEY D 5800 COMMERCE ROAD MILTON, FL 32583 US			
	named entity of Florida.	submits this statement for the p	ourpose of ch	hanging its	s registered	office or registered agent, or both,	
SIGNATURE:				03/25/2009			
	Electro	nic Signature of Registered Age	ent			Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( BLACK, RONA 5800 COMMEI MILTON, FL 3	RCE ROAD	Ad	tle: ame: ldress: ty-St-Zip:	(	()Change ()Addition	
Title: Name: Address: City-St-Zip:	1VP ( PEADEN, NATI 8546 INDIAN F MILTON, FL 3	ORD RD.	Ad	tle: ame: ldress: ty-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	2VP ( JOHNSON, TH 5684 POND CI MILTON, FL 3	REEK ROAD	Ad	tle: ame: ldress: ty-St-Zip:	(	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	S ( WOLFE, MELC 4656 LIVE OAI PACE, FL 325	< LANE	Ad	tle: ame: ldress: ty-St-Zip:	S ( WOLFE, MEL 6316 FOXGL MILTON, FL	OVE RD	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD E BLACK P 03/25/2009

( ) Delete

BLACK, NATHAN

411 BUFORD LANE

MILTON, FL 32853

() Change () Addition