

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90033 046 ***150.00

DOCUMENT # P06000053038					
1. Entity Name KAPPA MARINE CORP					
Principal Place of Business 1445 SHEFFIELD RD JULINGTON, FL 32259 US			Mailing Address 1445 SHEFFIELD RD JULINGTON, FL 32259 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6625 Collier Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St Augustine FL		4. FEI Number APPLIED FOR 20-4697733	
Zip		Country 32092 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMSTRONG, DENNIS 1445 SHEFFIELD RD JULINGTON, FL 32259			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u><i>Dennis Armstrong</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>30 March 08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARMSTRONG, DENNIS 1445 SHEFFIELD RD JULINGTON, FL 32259 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Dennis Armstrong</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>30 March 08</u>		Daytime Phone #: <u>904 522 1727</u>