


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 03, 2008 8:00 am
Secretary of State

03-13-2008 90041 028 ***150.00

DOCUMENT # P06000062793			
1. Entity Name DOLPHIN MARINE RENTALS, INC.			
Principal Place of Business 10925 GULF BLVD TREASURE ISLAND, FL 33706		Mailing Address 10925 GULF BLVD TREASURE ISLAND, FL 33706	
2. Principal Place of Business - No P.O. Box # 10925 Gulf Blvd.		3. Mailing Address 10925 Gulf Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Treasure Island, FL		City & State Treasure Island, FL	
Zip 33706	Country	Zip 33706	Country
4. FEI Number 20-4843116		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name JOHAN PEETERS	
		Street Address (P.O. Box Number is Not Acceptable) 10925 Gulf Blvd.	
		City Treasure Island	
		FL Zip Code 33706	
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 JOHAN PEETERS		DATE 03/07/2008	
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	Johan Peeters <input type="checkbox"/> Delete 10925 Gulf Blvd. Treasure Island, FL 33706 President	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Zita DeConinck Peeters <input type="checkbox"/> Delete 10925 Gulf Blvd. Treasure Island, FL 33706 Secretary/Treasurer	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JOHAN PEETERS		DATE 03/07/2008 727.360.8408	

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