

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90020 016 ***150.00

DOCUMENT # P06000079371

1. Entity Name
MARINE ELECTRONICS INSTALLATION, INC.



Principal Place of Business
**738 KELLSTADT STREET NORTHWEST
PORT CHARLOTTE, FL 33952**

Mailing Address
**738 KELLSTADT STREET NORTHWEST
PORT CHARLOTTE, FL 33952
2756 Vogler Ln.
North Port, FL 34286**

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5180332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INGRAM, JAMES S
738 KELLSTADT STREET NORTHWEST
PORT CHARLOTTE, FL 33952
2756 Vogler Ln.
North Port, FL 34286**

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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 *James S. Ingram* - **James S. Ingram** DATE **2-22-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, JAMES S 738 KELLSTADT STREET NORTHWEST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, TERRY L 738 KELLSTADT STREET NORTHWEST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *James S. Ingram* - **James S. Ingram** DATE **2-22-08** (941) 626-1492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #