


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90003 028 ***158.75

DOCUMENT # P06000086385

1. Entity Name
JAMES A. FLOOD MARITIME ART, INC.



Principal Place of Business Mailing Address
 14294 ALTOCEDRO DR 14294 ALTOCEDRO DR
 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40119500



05272007 Chg-P CR2E034 (12/06)

4. FEI Number 83-0463142 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISHER, JOSEPH L
7520 (SE) 57 AVE ←
STE A
S MIAMI, FL 33143

NOTE CORRECTION:
 7520 (SW) 57 AVE.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

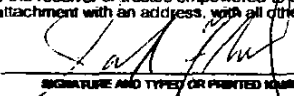
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FLOOD, JAMES A 14294 ALTOCEDRO DR DELRAY BEACH, FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLOOD, JAMES A 14294 ALTOCEDRO DR DELRAY BEACH, FL 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT TINA MCMULLEN-FLOOD 14294 ALTOCEDRO DR DELRAY BEACH, FL 33484 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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:  **JAMES A FLOOD** 29 MAY 2007 561-499-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #