

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 041 ***158.75

DOCUMENT # P06000107878

1. Entity Name
GOVERNOR'S CREEK MARINE SALES & SERVICE, INC.



Principal Place of Business
**3515 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**3515 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043**

40068360



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

56-2605098

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPOHR, CLIFFORD
3515 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

**D
WATSON, DWAYNE A
1589 ABELIA MANOR
MIDDLEBURG, FL 32068**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SMITH, MICHAEL E
2720 POINSETTIA AVE
MIDDLEBURG, FL 32068**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SPOHR, CLIFFORD H
14208 MANDARIN RD
JACKSONVILLE, FL 32223**

☐ Delete

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 any other like empowered.

SIGNATURE: *Dwayne A. Watson* **DWAYNE A. WATSON**

4-13-07

Date

Daytime Phone #