## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000108983  1. Enlity Name SANITARY MARINE CONCEPTS, INC.							07 MAY -7 MAH: 55					
SANITAR	RY MARIN	4E C	ONCEPTS, IN	C.								
Principal Place of Business Mailing Address							ן י	IDD V FALLA	THRESER	FIOF	Aŭis	
17725 AYSHIRE BLVD				17725 AYSHIRE BLVD			,	ALLA	Popular School	· L	(12.	
LAND O'LAKES, FL 34638				LAND O'LAKES, FL 34638				1 <b>2</b> 2118 Elm CBR) <b>0</b> 2111 GB/	ran masu dangsi kuma sayi	DI IDIB <b>i</b> Mi	18 <b>61 (1 186</b> )	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03302007	Chg-P	CR2E034 (1			
City & State				City & State			4. FEI Numb	129186	8.	No	plied For Applicable	
Zip	Country			Zip	Count	iry	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent					
	6. Name	and A	ddress of Current F	Registered Agent		Name	7. Name and	Address of New H	egistered Agen	<u>t                                      </u>		
GALLOWA 506 NORT	H ALEXA	NDEF	STREET					(P.O. Box Number is Not Acceptable)				
PLANT CI	TY, FL 33							<del></del>				
						City FL Zip Code						
B. 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. 1 am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and bite if applicable, (NOTE: Registered Agent signature required when reinstainty) DATE												
			IS \$150.00 will be \$550.0	5.00 May Be ded to Fees								
10.			OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIR	ECTORS	IN 11	
TITLE	D			☐ Delete	•					Change	☐ Addition	
NAME STREET ADDRESS	GALLOW			O BOV 040	NAME	·						
CITY-ST-ZIP	PLANT C		EXANDER ST., PI L. 33564	U BUX 040		ET ADORESS -ST-ZIP						
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NAME STREET ADDRESS		5/	14101		NAME Stree	et address						
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12. Thereby 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 officer or director of the composition or the residence of this period to execute this report as required by Chapter 507. Excited Statutes and that my capacities are the composition.												
of the corporation or the receiver or trustee ampowered 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 adjess, with all their like empowered.												
SIGNATURE: DAVICE H GALLOWELLY 3/29/07 (813)754-3438												
0.0.0		BIGH	ATURE AND TYPED OR PE	RINTED NAME OF BIGHING O	OFFICER OR DIRECT	OR	<del></del>	Date	Daytima	Phone #		

04-09-2007 90075-025

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