

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-19-2007 90061 024 ***150.00

DOCUMENT # P06000124572 1. Entity Name AMERICAN MARINE & CONSTRUCTION INCORPORATED					
Principal Place of Business 15190 FRUITVILLE RD SARASOTA FL 34240				Mailing Address 15190 FRUITVILLE RD SARASOTA FL 34240	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3790477	
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	
LEUTHOLT, ROBERT M 15180 FRUITVILLE RD SARASOTA FL 34240				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 reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PST LEUTHOLT, ROBERT M 15180 FRUITVILLE RD SARASOTA FL 34240 ☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SCHMIDT, RONALD K JR 26074 RAMPART BLVD PUNTA GORDA FL 33983 ☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Robert M Leutholt (PST)</u> 2807 941-350-9244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					