

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90008 045 \*\*\*150.00

**DOCUMENT # P06000127439**

1. Entity Name

**BEST SEASIDE MARINE CONSTRUCTION, INC.**



Principal Place of Business

Mailing Address

2102 SW CHESTNUT LANE  
PORT SAINT LUCIE FL 34953

2102 SW CHESTNUT LANE  
PORT SAINT LUCIE FL 34953



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

*2102 SW Chestnut Lane*

3. Mailing Address

*2102 SW Chestnut Lane*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

*Port Saint Lucie, Florida*

City & State

*Port Saint Lucie, Florida*

4. FEI Number

*20-5688860*

Applied For

Not Applicable

Zip

*34953*

Country

*USA*

Zip

*34953*

Country

*USA*

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

INSABELLA, HARRY  
2102 SW CHESTNUT LANE  
PORT SAINT LUCIE FL 34953

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

*Harry Insabella*

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

(NOTE: Registered Agent signature required when reinstating)

*7/27/07*

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 ☐ Delete  
NAME DVT  
STREET ADDRESS INSABELLA, HARRY  
CITY-ST-ZIP 1622 SW CRAWFORD AVE  
PORT SAINT LUCIE FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DPS  
STREET ADDRESS JAWOROWSKI, JASON  
CITY-ST-ZIP 2102 SW CHESTNUT LANE  
PORT SAINT LUCIE FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS LIVINGSTON, ROBERT I JR.  
CITY-ST-ZIP 702 ANCONA RD.  
PORT ST. LUCIE FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DVP  
STREET ADDRESS INSABELLA, HARRY  
CITY-ST-ZIP 1622 SW CRAWFORD AVE.  
PORT ST. LUCIE FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Harry Insabella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/27/07*

Date

*(772) 336-1997*

Daytime Phone #