2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

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DOCUMENT # P06000144313  1. Entity Name LENTINI'S MARINE SERVICE INC.							04-02-2007	_		
Principal Place of Business 2 NW 38TH AVE. CAPE CORAL, FL 33993 US			Mailing Address 2 NW 38TH AVE. CAPE CORAL, FL 33993 US							
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03252007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Numb	-594857	73		plied For Applicable
Zip	Country		Zip	Country		5. Certificate	e of Status Desired		8.75 Add se Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
LENTINI, VINCENT 2 NW 38TH AVE. CAPE CORAL, FL 33993					Street Address (P.O. Box Number is Not Acceptable)					
• The shows	named entit	a culturaite this statement f	or the surges of changes	ita sa miata	City		the in the Photo of Faci	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 obtigations of registered agent.										
SIGNATURE							· · · · · · · · · · · · · · · · · · ·	DATE		
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution:   Added to Fees										
10.	P/D	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFIC			
TITLE NAME		VINCENT	☐ Octobe	TITL NAM				ι	Change	Addition
STREET ADDRESS CITY-ST-ZIP	2 NW 381 CAPE CC	THAVE. DRAÉÇFIL 33993			EET ADDRESS ( 1-ST-ZIP					
TITLE :	VP/T	<u></u> :	☐ Deleta	TITL	_ 1			(	] Change	Addition
NAME Street address	LENTINI, 2 NW 381	VINCENT "H AVE.		NAM STR	ae Eet adoress					
CITY-ST-ZIP					r-ST-ZIP					
TITLE NAME		VINCENT	☐ Delete	TITL NAN				(	Change	Addition
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NAME STREET ADDRESS				NAM STR	ae Eet address					}
CITY-ST-ZIP				cin	r-SI-ZIP				<u> </u>	
TITLE NAME			☐ Delete	TITL NAM	<b>I</b>			[	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS Y-ST-ZIP					
TITLE			☐ Delete	TITL	1			[	Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	cadiby that th	a information supplied with	th this filling done not available		r-ST-ZP	d in Chanter 11	9 Florida Statutas 1 h	idhar cadibi	that the In	formation
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 eath; 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:  SIGNATURE: Date Design Printed MANE OF SIGNING OFFICER OR DIRECTOR  Date Design Prome #									\	
I		SIGNATURE AND TYPED OF	PRINTED HAME OF SIGNING OFFIC	ER OR DUREC	TUR		Date	Day	me Prone F	i i