

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000144313

1. Entity Name

LENTINI'S MARINE SERVICE INC.



Principal Place of Business

2 NW 38TH AVE.
CAPE CORAL, FL 33993 US

Mailing Address

2 NW 38TH AVE.
CAPE CORAL, FL 33993 US

FILED
Jul 10, 2008 08:00 AM
Secretary of State



06112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5948573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENTINI, VINCENT
2 NW 38TH AVE.
CAPE CORAL, FL 33993

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IN THIS SPACE**

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME LENTINI, VINCENT
STREET ADDRESS 2 NW 38TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE VP/T
NAME LENTINI, VINCENT
STREET ADDRESS 2 NW 38TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE S
NAME LENTINI, VINCENT
STREET ADDRESS 2 NW 38TH AVE.
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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07/10/08-80006-025 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #