## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 05, 2008 8:00 am Secretary of State

Piccipal Place of Business   Mailing Address   2023 DAVIS BLVD   NAMES, R. 34109    2. Principal Place of Business - No P.O. Box #   2. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   2. Principal Place of Business - No P.O. Box #   3. Mailing Address   3. Mailing Addre	DOCUMENT # P07000093315  1. Entity Name BROOKSIDE MARINE SERVICE INC.						1	05-05-2008	90248 03	50 ***150	0.00
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STEINER, TIMOTHY C 2023 DAVIS BLVD NAPLES, FL 34109  8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I	City & State						4. FEI Numbe 26	-0749	463	<del>_</del> _	·
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indicated on this report or supplied with this hilling does not qualify for the exemptions contained in Chapter 119, Horida 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 office 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. TIMOTHY STEINER