

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000100852

Entity Name: H&S MARINE DISTRIBUTORS, INC.

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

53 NORTH ARLINGTON RD  
JACKSONVILLE, FL 32211

## **New Principal Place of Business:**

## **Current Mailing Address:**

53 NORTH ARLINGTON RD  
JACKSONVILLE, FL 32211

## **New Mailing Address:**

FEI Number: 26-2098066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

HASKELL, JILL D  
53 NORTH ARLINGTON RD  
JACKSONVILLE, FL 32211 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HASKELL, JILL D  
Address: 53 NORTH ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: HASKELL, JILL  
Address: 53 ARLINGTON RD N  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Change (X) Addition  
Name: TAYLOR, WILLIAM E III  
Address: 1421 LAWRENCE PLACE  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL HASKELL

P

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date