2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jun 02, 2008 8:00 am Secretary of State

| ANNOALREIORI | | | | | | | Secretary or State | | | | |
|---|--|---------------------------|---|------------|--|---|------------------------------------|-----------------|---------------|---------------------------|--|
| DOCUMENT # P07000102189 5 1. Entity Name BRADDOCK BROCKMAN MARINE CONSTRUCTION, INC. | | | | | | | 06-02-2008 9 | - | | | |
| Principal Place of Business Mailing Address | | | | | | י אר מילק | - | | | | |
| 3623 CEDAR JACKSONVILL | CREST DRIVE | | 3623 CEDARCREST DRIVE JACKSONVILLE, FL 32210 | | | | | | | | |
| | | | | | | L REBITERE | I BOUR IOBII SOIN OTIN OTI | | KARA 1888 188 | | |
| 215 WES | 7 DAVIS | lugustalal De. | 3. Mailing Address DAMS MOUNRIAL DZ | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 05062008 | Chg-P | CR2E034 | (12/06) | | | |
| City & State St. Av60571NE | | FL | City & State 57. Augustine | r l | FL | 4. FEI Numb | er 26 - 089 | 3913 | | plied For t Applicable | |
| Zip | 284 | Country USA | Zip 32.084 | Coun | try USA | 5. Certificate | of Status Desired | | 8.75 Add | | |
| 6. Name and Address of Current R | | | egistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | Name | | | | | | |
| TAYLOR, DEBORAH W 3945 ST. JOHNS AVENUE JACKSONVILLE, FL. 38205 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | City | | | | 7:- 0-4 | | | |
| | | | | | 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 (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | | * | 1 | • | | | <u> </u> | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution. | | | | | | .00 May Be led to Fees | In accordance v corporation did | | | | |
| 10. | · · | OFFICERS AND D | DIRECTORS | 11. | | ADDITIONS | L /CHANGES TO OFF | ICERS AND D | RECTORS | S IN 11 | |
| THILE | Р 🙀 | it. | ☐ Delete | TITU | E . | | | (| Change | ☐ Addition | |
| NAME | BROCKMAN, RUSS | | | NAM | E | | | | | | |
| STREET ADDRESS | 3623 CEDARCREST DRIVE | | | • | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | | CITY | -ST-ZIP | | | | | | |
| TITLE | VP | | ☐ Delete | TITL | 1 | | | [| Change | Addition | |
| NAME | BROCKMAN, ASHLEY | | | NAM | 4 | | | | | | |
| STREET ADDRESS | SS 3623 CEDARCREST DRIVE JACKSONVILLE, FL 32210 | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | JACKSON | VILLE, FL 32210 | | | -ST-ZIP | | | | | | |
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| NAME | | | _ boloto | NAM | 1 | | | | Gridinge | | |
| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY | -S1-ZIP | | | | | | |
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| NAME | | | | NAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS - ST-ZIP | | | | | | |
| | | | | - | | | | , , | 7.05 | T addition | |
| TITLE NAME | | | Delete TITLE | | 1 | | | L | Change | Addition | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | - ST-ZIP | | | | | | |
| 12. I hereby o | ertify that the | information supplied with | this filing does not qualify for | the exe | emptions contained | in Chapter 11 | 9, Florida Statutes. I | further certify | that the in | formation | |
| 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 chapter of the corporation of the receiver address, with all other than a provinced. | | | | | | | | | | | |