

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000055560

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CERTIFIED MOBILE MARINE SERVICES INC.

**Current Principal Place of Business:**

9501 RAIDEN LANE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11705 BOYETTE ROAD - SUITE 133  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 27-0442846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUND, JOHNDREW S  
11705 BOYETTE ROAD - SUITE 133  
RIVERVIEW, FL 33569 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: PD  
Name: LUND, JOHNDREW  
Address: 9501 RAIDEN LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: STD  
Name: LUND, TRACEY K  
Address: 11705 BOYETTE RD - SUITE 133  
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: JOHNDREW LUND

PD

04/20/2011

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

\_\_\_\_\_  
Date