

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000077536

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** NORTH COAST MARITIME CONSULTING, INC.

**Current Principal Place of Business:**

4361 COMANCHE TRAIL BLVD  
SAINT JOHNS, FL 32259

**New Principal Place of Business:**

4620 WEST SENECA DRIVE  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

4361 COMANCHE TRAIL BLVD  
SAINT JOHNS, FL 32259

**New Mailing Address:**

4620 WEST SENECA DRIVE  
SAINT JOHNS, FL 32259

**FEI Number:** 61-1510185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS III, JOHN S  
4361 COMANCHE TRAIL BLVD  
SAINT JOHNS, FL 32259 US

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

EVANS, JOHN S III  
4620 WEST SENECA DRIVE  
SAINT JOHNS, FL 32259 US

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:** JOHN S. EVANS III

03/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** EVANS, JOHN S III  
**Address:** 4620 WEST SENECA DRIVE  
**City-St-Zip:** SAINT JOHNS, FL 32259

**Title:** VPT  
**Name:** EVANS, PAMELA A  
**Address:** 4620 WEST SENECA DRIVE  
**City-St-Zip:** SAINT JOHNS, FL 32259

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:** JOHN S. EVANS III

PS

03/24/2012

Electronic Signature of Signing Officer or Director

Date