2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P33390

Entity Name: DONOVAN MARINE, INC.

Current Principal Place of Business:

6316 HUMPHREYS STREET
HARAHAN, LA 701233159

New Principal Place of Business:

Current Mailing Address:

6316 HUMPHREYS STREET
HARAHAN, LA 701233159

New Mailing Address:

FEI Number: 72-0642880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRENCHARD WILLIAM W
4859 BALMORAL DR.
PENSACOLA, FL 32504 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: SMALLPAGE, JOHN B JR.
Address: 1403 WEBSTER ST.
City-St-Zip: NEW ORLEANS, LA 70118

Title: PRES ( ) Delete
Name: DICKS, JAMES A.
Address: 3704 FERRAN DR.
City-St-Zip: METAIRIE, LA 70002

Title: CEO ( ) Delete
Name: NICHOLL, BENSON T
Address: 266 E. WASHINGTON ST.
City-St-Zip: CHAGRIN FALLS, OH 44022

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CONT ( ) Change (X) Addition
Name: BEARB, MALCOLM P CONTROL
Address: 206 WHITE OAK DR
City-St-Zip: ST. ROSE, LA 70087

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: MALCOLM P. BEARB CONT 04/30/2008
Electronic Signature of Signing Officer or Director Date