

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90548 030 \*\*\*150.00

**DOCUMENT # P93000020673**

1. Entity Name  
**DREDGE & MARINE CONSTRUCTION CO.**



Principal Place of Business  
**5845 SE GENERAL LEE TERR  
PORT SALERNO, FL 34997**

Mailing Address  
**P. O. BOX 399  
PORT SALERNO, FL 34992 US**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0389186**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KREMSE, DAVID M  
5845 S.E. FEDERAL GENERAL LEE TERR  
PORT SALERNO, FL 34997**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KREMSE, DAVID M  
4631 SE POMPANO TERRACE  
PORT SALERNO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*David M. Kremse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/2004 (772) 223-0105**  
Date Daytime Phone #

Attachment 4/30/2004  
930002068

TO WHOM IT MAY CONCERN

504021

THE ADDRESSES ON THIS  
FORM ARE INCORRECT.  
THEY WERE PREVIOUSLY  
CORRECT.

PLEASE CORRECT THEM  
AS FOLLOWS:

NAME & ADDRESS OF CURRENT REGISTERED AGENT.  
KREMSEY DAVID M.  
5845 SE. GENERAL LEE TERR.  
PORT SACERNO, FL 34997

OFFICERS & DIRECTORS:

KREMSEY DAVID M.  
5845 SE. GENERAL LEE TERR.  
PORT SACERNO, FL 34997

David M. Kremsey