

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000036638

Entity Name: S.S. MARINE VENTURES, INC.

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3189 OLD PORT CIRCLE EAST  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3189 OLD PORT CIRCLE EAST  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3184113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAMUEL, GREGORY P  
3189 OLD PORT CIRCLE EAST  
JACKSONVILLE, FL 32216 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: PTD  
Name: SAMUEL, DONNA  
Address: 3189 OLD PORT CIRCLE E.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VSD  
Name: SAMUEL, GREGORY P  
Address: 3189 OLD PORT CIRCLE E.  
City-St-Zip: JACKSONVILLE, FL 32216

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: GREGORY P SAMUEL

PTD

01/26/2011

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

\_\_\_\_\_  
Date