


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90109 005 \*\*\*150.00

<b>DOCUMENT # P94000072610</b>	
1. Entity Name <b>S. C. DUGGAN MARINE, INC.</b>	

Principal Place of Business <b>5925 RAVENSWOOD ROAD BLDG. D BAY 15 FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>5925 RAVENSWOOD ROAD BLDG. D BAY 15 FORT LAUDERDALE, FL 33312</b>
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2. Principal Place of Business <b>2160 ANNTOM DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>11187 SANDPOINT TERR</b> Suite, Apt. #, etc.
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02062006 Chg-P CR2E034 (11/05)

City & State <b>DANIA BEACH, FLORIDA</b>	City & State <b>BOCA RATON, FLORIDA</b>
Zip <b>33312</b>	Zip <b>33428</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>65-0524168</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DUGGAN, DEBRA A 5925 RAVENSWOOD ROAD BLDG. D BAY 15 FORT LAUDERDALE, FL 33312</b>	
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7. Name and Address of New Registered Agent Name <b>DEBRA A. DUGGAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2160 ANNTOM DRIVE</b> City <b>DANIA BEACH</b> FL Zip Code <b>33312</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DUGGAN, STEPHEN C 11187 SANDPOINT TERRACE BOCA RATON, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DUGGAN, DEBRA A 11187 SANDPOINT TERRACE BOCA RATON, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ISITT, DARREN 4654 NW 58TH CT BLDG 4 TAMARAC, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FOSTER, PAUL M 9246 WEDGEWOOD LANE FORT LAUDERDALE, FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Debra A. Duggan* 2-13-2006 561-482-0520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #