


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 014 \*\*\*150.00

<b>DOCUMENT # P94000081279</b> 1. Entity Name <b>A.S.A.P. MARINE SERVICE, INC.</b>					
Principal Place of Business <b>951 N. WATERWAY DRIVE FT. MYERS, FL 33919</b>			Mailing Address <b>9131 COLLEGE PKY 13-B, #107 FT. MYERS, FL 33919 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0533650</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LERMER, PETER W 951 N. WATERWAY DRIVE FT. MYERS, FL 33919</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<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>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LERMER, PETER 951 N WATERWAY DRIVE FT MYERS, FL	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>APR 26 2006</b> <small>Daytime Phone #</small>		

60031115



04182006 Chg-P CR2E034 (11/05)

FL

Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

note: report was filed electronically FEB 27 2006

ATTACHMENT

6003/1/3

## Division of Corporations

## Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

## Document Number

P94000081279

## Business Entity Name

A.S.A.P. MARINE SERVICE,  
INC.

## FEI Number

650533650

## FEI Number Status

## Certificate of Status Desired

No

Election Campaign Financing Trust Fund  
Contribution

No

## Principal Place of Business

Address 951 N. WATERWAY DRIVE

Suite, Apt. #, etc.

City, State FT. MYERS, FL

Zip Code &amp; Country 33919

## Mailing Address

Address 9131 COLLEGE PKY

Suite, Apt. #, etc. 13-B, #107

City, State FT. MYERS, FL

Zip Code &amp; Country 33919 US

**PAID**  
CK. NO. 4646  
DATE FEB 27 2006

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) LERMER, PETER, W

Address 951 N. WATERWAY DRIVE

Suite, Apt. #, etc.

City, State FT. MYERS, FL

Zip Code &amp; Country 33919 US

ATTACHMENT

Registered Agent Signature

60031113  
# P 9400081279

**Officer/Director Name and Address**

Title P  
Name (Last, First, Middle, Title) LERMER, PETER  
Street Address 951 N WATERWAY DRIVE  
City, State FT MYERS, FL  
Zip Code & Country

Title PRES  
Officer/Director Signature PETER LERMER

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Start Over

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