

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000046282**

**1. Entity Name**

**OTTER MARINE CORPORATION**



**Principal Place of Business**

**3021 DOCTORS LAKE DRIVE  
ORANGE PARK FL 32073  
US**

**Mailing Address**

**3021 DOCTORS LAKE DRIVE  
ORANGE PARK FL 32073  
US**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**1st MOORE**

**CR2E034 (10/05)**

**4. FEI Number**

**59-3317688**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCEUEN III, HARRY B  
3021 DOCTORS LAKE DR  
ORANGE PARK FL 32073**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** MCEUEN, HARRY B III  
**STREET ADDRESS** 3021 DOCTORS LAKE DR  
**CITY - ST - ZIP** ORANGE PARK FL

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 100000559077  
**CITY - ST - ZIP** 05/17/06-80122-019 150.00

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-28-06**

**904-509-1736**

Date

Daytime Phone #