## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000097817

Title:

Name:

Address:

City-St-Zip:

FILED Apr 03, 2008 Secretary of State

**Entity Name:** MARTIN COUNTY MARINE CORP. **Current Principal Place of Business: New Principal Place of Business:** 1400 SW CHAPMAN WAY PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 1400 SW CHAPMAN WAY PALM CITY, FL 34990 FEI Number: 65-0634968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCHALE, MICHAEL 1925 NE RICOU TERRACE US JENSEN BEACH, FL 34957 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: (X) Change ( ) Addition Name: CONTO, RICHARD Name: BROWN, STEVEN 1101 INVESTMENT BLVD., SUITE 170 1400 SW CHAPMAN WAY Address: Address: City-St-Zip: EL DORADO HILLS, CA 95762 City-St-Zip: PALM CITY, FL 34990 Title: (X) Change ( ) Addition Title: () Delete NICKERSON, CLAIRE NICKERSON, CLAIRE Name: Name: 2039 SW BALATA TERRACE 2039 SW BALATA TERRACE Address: Address: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition MCHALE, MICHAEL MCHALE, MICHAEL J Name: Name: 1925 NE RICOU TERRACE 1925 NE RICOU TERRACE Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. MCHALE D 04/03/2008

() Delete

( ) Change (X) Addition

NICKERSON, THOMAS

PALM CITY, FL 34990

1400 SW CHAPMAN WAY