

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097817

FILED
Aug 20, 2009
Secretary of State

Entity Name: MARTIN COUNTY MARINE CORP.

Current Principal Place of Business:

1400 CHAPMAN WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1400 CHAPMAN WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0634968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICKERSON, TOM
1400 CHAPMAN WAY
PALM CITY, FL 34990 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BROWN, STEVEN
Address: 1400 SW CHAPMAN WAY
City-St-Zip: PALM CITY, FL 34990

Title: D/ST () Delete
Name: NICKERSON, CLAIRE
Address: 2039 SW BALATA TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MCHALE, MICHAEL J
Address: 1925 NE RICOU TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: P (X) Delete
Name: NICKERSON, THOMAS
Address: 1400 SW CHAPMAN WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NICKERSON, THOMAS
Address: 1400 SW CHAPMAN WAY
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: STEVEN BROWN

DVP

08/20/2009

Electronic Signature of Signing Officer or Director

_____ Date