

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000025383

1. Entity Name
FIESTA MARINE PRODUCTS, INCORPORATED



Principal Place of Business
**11016 S.R. 52
HUDSON, FL 34669**

Mailing Address
**11016 S.R. 52
HUDSON, FL 34669**



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3367673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORAHAN, CARL
11016 SR 52
HUDSON, FL 34669**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11000000892402

04/23/08-80065-012 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MORAHAN, CARL**
STREET ADDRESS **506 TIMBER LANE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **ST**
NAME **MORAHAN, PATRICIA**
STREET ADDRESS **506 TIMBER LN**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Carl Morahan
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

727-856-6900

Date Daytime Phone #