

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90033 010 ***150.00

DOCUMENT # P96000030024

1. Entity Name
RICK'S MOBILE MARINE SERVICE, INC.



Principal Place of Business
**5837 LITTLESTONE COURT
 N. FT. MYERS, FL 33903**

Mailing Address
**5837 LITTLESTONE COURT
 N. FT. MYERS, FL 33903**

60007417

2. Principal Place of Business
2319 NW 35TH AVE

3. Mailing Address
2319 NW 35TH AVE

Suite, Apt. #, etc.
CAPE CORAL

Suite, Apt. #, etc.
CAPE CORAL



01222006 Chg-P CR2E034 (11/05)

City & State
FLORIDA

City & State
FLORIDA

Zip
33993

Country
LEE

Zip
33993

Country
LEE

4. FEI Number
65-0659583

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**EDMISTON, RICK
 5837 LITTLESTONE COURT
 N. FT. MYERS, FL 33903**

7. Name and Address of New Registered Agent
 Name
EDMISTON, RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
2319 NW 35TH AVE
CAPE CORAL, FL
 City
FL Zip Code
33993

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP EDMISTON, RICK 5837 LITTLESTONE COURT N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDMISTON, RICHARD 2319 NW 35 TH AVE CAPE CORAL FL 33993 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST EDMISTON, KAREN M 5837 LITTLESTONE COURT N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST EDMISTON, KAREN 2319 NW 35 TH AVE CAPE CORAL, FL 33993 <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.

SIGNATURE: Richard Edmiston owner 1/23/06 239-281-3233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #