


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-27-2006 90033 010 \*\*\*150.00

<b>DOCUMENT # P96000030024</b>	
1. Entity Name <b>RICK'S MOBILE MARINE SERVICE, INC.</b>	

Principal Place of Business <b>5837 LITTLESTONE COURT N. FT. MYERS, FL 33903</b>	Mailing Address <b>5837 LITTLESTONE COURT N. FT. MYERS, FL 33903</b>
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**60007417**



2. Principal Place of Business <b>2319 NW 35TH AVE Suite, Apt. #, etc. CAPE CORAL City &amp; State FLORIDA Zip 33993 Country LEE</b>	3. Mailing Address <b>2319 NW 35TH AVE Suite, Apt. #, etc. CAPE CORAL City &amp; State FLORIDA Zip 33993 Country LEE</b>
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01222006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0659583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>EDMISTON, RICK 5837 LITTLESTONE COURT N. FT. MYERS, FL 33903</b>	7. Name and Address of New Registered Agent Name <b>EDMISTON, RICHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2319 NW 35TH AVE CAPE CORAL, FL City FL Zip Code 33993</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 35TH 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 35TH 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
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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 1/23/05 239-281-3233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #