## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED . DOCUMENT # P96000078187 Feb 05, 2007 08:00 AM **Secretary of State** RUSNELL MARINE CONSTRUCTION, INC. Principal Place of Business Mailing Address PO BOX 150358 CAPE CORAL FL 33915-0358 1005 SE 10TH ST CAPE CORAL FL 33990 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0699483 Not Applicable Ζıp Country Zιp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSNELL, ROBERT 512 SW 9TH ST Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33991 Zip Code City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIIE Delete TITLE Change Addition RUSNELL, ROBERT NAME NAME U00000620194 02/09/07-80026-024 150.00 512 SW 9TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 CHY-SI-7IP CITY-ST-71P TITLE ☐ Change ☐ Defete IIIŒ Addition RUSNELL, ROBERT NAME NAME 512 SW 9TH ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition RUSNELL, . JANINE NAME STREET ADDRESS 512 SW 9TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-S1-7IP HILE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete HHE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE TITLE Delete Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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: