2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000097123

Entity Name

PACER MARINE ENGINEERING, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1555 APEX ROAD SARASOTA, FL 34240 Mailing Address

1555 APEX ROAD SARASOTA, FL 34240



DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For
65-0727671	 Not Applicable
	 \$8.75 Additional

5. Certificate of Status Desired

01192007

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SWIATKOWSKI, JOSEPH E 6858 ARECA BLVD. SARASOTA, FL 34241-7106

DO NOT WRITE IN THIS SPACE

No Chg-P

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.	Constant hand a second age of anishing agest and tile	d controlle	(Appel templi vi	required when required	DATE		
Signature, typed or printed name of registered agent and title if epipicable. (NOTE: Registered Agent signature required when reinstating) DATE On The Signature required when reinstating to the signature required when representation required when required when remaining the signature required when remaining the signature required when remaining required when remaining required when remaining required when remaining required req							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIATKOWSKI, JOHN M 1555 APEX ROAD SARASOTA, FL 34240				U00000607121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIATKOWSKI, JOSEPH R 1555 APEX ROAD SARASOTA, FL 34240		01/31/07-80024-018 150.00				
TITLE NAME STREET ADORESS CITY-ST-ZIP	D SWIATKOWSKI, JOSEPH E 1555 APEX ROAD SARASOTA, FL 34240		DO NOT WRITE		NOT WRITE		
THE NAME STREET ADDRESS CITY-ST-ZIP	D SWIATKOWSKI, MARY E 1555 APEX ROAD SARASOTA, FL 34240		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR