2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000097123

1. Entity Name

PACER MARINE ENGINEERING, INC.



FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1555 APEX ROAD SARASOTA, FL 34240 1555 APEX ROAD SARASOTA, FL 34240



01082008

No Chg-P

CR2E034 (11/05)

4.	FEI Number	
	65-0727671	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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3A(A301A,1E 34241-7100			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office	e or registered agent, or both	n, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registered Agent se	nature required when reinstating)	DATE	
FILE NOWIII FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		000000785702 01/17/08-80012-003 150.00	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIATKOWSKI, JOHN M 1555 APEX ROAD SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D SWIATKOWSKI, JOSEPH R 1555 APEX ROAD SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIATKOWSKI, JOSEPH E 1555 APEX ROAD SARASOTA, FL 34240		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIATKOWSKI, MARY E 1555 APEX ROAD SARASOTA, FL 34240		IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:

CYTY-ST-ZIP

YITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-378-5774

Daytima Phone