2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000104518

1. Entity Name
AMERICAN MARINE, INC.

Principal Place of Business	Mailing Address
401 SHEARER BLVD COCOA, FL 32922	401 SHEARER BLVD COCOA, FL 32922

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3424899
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEARCE, JEFF
401 SHEARER BLVD
COCOA, FL 32922

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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: _____ DATE
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
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

TITLE	D
NAME	WILSON, DONALD L
STREET ADDRESS	1169 CO RD 800 E
CITY-ST-ZIP	CARMI, IL 62821
TITLE	PRES
NAME	CANTRELL, JEFF
STREET ADDRESS	1971 HWY 14
CITY-ST-ZIP	CROSSVILLE, IL 62827
TITLE	CFO
NAME	BOHLEBER, JEFFRY H
STREET ADDRESS	308 PLUM ST
CITY-ST-ZIP	CARMI, IL 62821
TITLE	D
NAME	HARMON, BILL
STREET ADDRESS	609 NEWPORT LN
CITY-ST-ZIP	CARMI, IL 62821
TITLE	D
NAME	PEARCE, H PHIL
STREET ADDRESS	1276 CO RD 1450 E
CITY-ST-ZIP	CARMI, IL 62821
TITLE	VP
NAME	PEARCE, JEFF
STREET ADDRESS	1389 BYRD CT
CITY-ST-ZIP	ROCKLEDGE, FL 32955

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01/19/06-80012-023 158.75

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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: _____ 1-6-06 636-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (321)