

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90018 029 \*\*\*150.00

**DOCUMENT # P97000002624**

1. Entity Name  
**LAND N SEA MARINE SERVICES, INC.**



Principal Place of Business  
**8903 SW 16TH STREET  
BOCA RATON, FL 33433-7975**

Mailing Address  
**8903 SW 16TH STREET  
BOCA RATON, FL 33433-7975**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0726843**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROPHY, JAMES R  
8903 SW 16TH STREET  
BOCA RATON, FL 33433-7975**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete  
NAME **BROPHY, JAMES R**  
STREET ADDRESS **8903 SW 16TH STREET**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **DPT** ☐ Change ☒ Addition  
NAME **BROPHY, KEVIN**  
STREET ADDRESS **8903 SW 16 ST**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VPS** ☒ Delete  
NAME **BROPHY, CAROL A**  
STREET ADDRESS **8903 SW 16TH STREET**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VPS** ☐ Change ☒ Addition  
NAME **BROPHY, JANET**  
STREET ADDRESS **8903 SW 16 ST**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #