

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017036

FILED
Apr 13, 2009
Secretary of State

Entity Name: MARINE METALS CUSTOM COMPONENTS, INC.

Current Principal Place of Business:

419 S.E. 6TH STREET
WILLISTON, FL 326962741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16590 NE 51ST ST/
WILLISTON, FL 32696

New Mailing Address:

16591 NE 51ST ST
WILLISTON, FL 32696

FEI Number: 59-3429485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, TROY G
419 S.E. 6TH STREET
WILLISTON, FL 326962741 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, TROY G
Address: P.O. BOX 909
City-St-Zip: WILLISTON, FL 32696

Title: ST () Delete
Name: WILSON, CAROL D
Address: P.O. BOX 909
City-St-Zip: WILLISTON, FL 32696

Title: V (X) Delete
Name: BARCINAS, MICHAEL W
Address: P.O. BOX 909
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, TROY G
Address: 16591 NE 51ST STREET
City-St-Zip: WILLISTON, FL 32696

Title: ST (X) Change () Addition
Name: WILSON, CAROL D
Address: 16591 NE 51ST STREET
City-St-Zip: WILLISTON, FL 32696

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL D. WILSON

S/T

04/13/2009

Electronic Signature of Signing Officer or Director

Date