## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 08:00 A Secretary of State

	ANNUAL	KEPUKI				, ^	
1. Entity Name		<b>APA</b>	Secretary of St				
	TY MARINE SERVICE OF N.	APLES, INC.		****			
Principal Place 4384 PROGR NAPLES, FL	ESS AVE	Mailing Address 1672 ROYAL CIRCLE NAPLES, FL 34112					
			er e	01222007	No Chg-P		4 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe 59-343	er		Applied For Not Applicable 8.75 Additional
		alabara d 8 a a ab		5. Centilicate	or status nestred	÷ ك	ee Required
6. Name and Address of Current Registered Agent  DUROCHER, LEE A 1672 ROYAL CIRCLE NAPLES, FL 34112				IN 7	NOT W	PACE	
the obligati	named entity submits this statement for t ions of registered agent.	ne purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	orida. Iamifa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	tale if applicable (1407E, Registere	ed Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS .				T TORONTO	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUROCHER, LEE A 855 8TH STREET SOUTH NAPLES, FL 34102				U000 01/26/0	1060162 7-80 <b>0</b> 54	:1 1-024 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD DUROCHER, JEFFREY T 855 8TH STREET SOUTH NAPLES, FL 34102	-					
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT W	/RITE	i.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME							

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE LOLD DURLE A. DUROLUEN 51	1/23/07	239-403-8331
SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylime Phone #