## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P97000072422 C&D MARINE CONSTRUCTION OF LEE COUNTY, INC. Principal Place of Business Mailing Address 725 MONTEREY AVENUE CAPE CORAL FL 33904 725 MONTEREY AVENUE CAPE CORAL FL 33904 2. Principal Place of Business - No P O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0850774 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANTINE, MARK 725 MONTEREY AVENUE Street Address (P.O. Box Numbor is Not Acceptable) CAPE CORAL FL 33904 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 agont. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Delete TITLE ☐ Addition VANTINE, MARK NAME NAME U000000727318 725 MONTEREY AVENUE STRLET ADDRESS STREET ADDRESS 05/04/07-80042-020 150.00 CAPE CORAL FL 33904 CITY-ST-ZIP CITY+S1-7IP IIILE ☐ Deleie Change Addition BIEBEL, CARL NAME NAM!. 725 MONTEREY AVENUE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CAPE CORAL FL 33904 CHY-SI-7IP HILE Datale Dite ☐ Channe ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-S1-ZIP 11114 Delete THE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete 11111 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMI: STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

Mark Van J.m 4-20-01 1239 945-2015 SIGNATURE: /