

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 016 ***150.00

DOCUMENT # P97000100824

1. Entity Name
ANDY'S CERTIFIED MARINE SERVICE, INC.



Principal Place of Business
**3300 S PENINSULA DR
PORT ORANGE, FL 32127 US**

Mailing Address
**P.O. BOX 291568
PORT ORANGE, FL 32129**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3480322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
CONKLIN, ANDREW R
3300 S PENINSULA DR
PORT ORANGE, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 #

1-30-06 386-756-6842

ATTACHMENT

Batten Madewell, CPA, LLC

Phone (386) 253-6851

Fax (386) 253-7216

February 28, 2006

40024135
#797000100824

Member - Florida
Institute of Certified
Public Accountants

Division of Corporations
Uniform Business Report Filings
PO Box 6198
Tallahassee, FL 32314

CERTIFIED # 7005-1820-0007-6416-7855

Dear Gentlemen:

Enclosed please find the following listed form(s) for filing. Please receipt the enclosed copy of this letter and return it to us in the enclosed postpaid envelope.

<u>FORM NUMBER</u>	<u>TAXPAYER NAME</u>	<u>REMITTANCE</u>
UBR-2006	Andy's Certified Marine Service, Inc.	\$ 150.00
UBR-2006	Batten Madewell CPA LLC	\$ 50.00
UBR-2006	D. A. Batten & Associates, CPA, PA	\$ 150.00
UBR-2006	Driver Glass & Mirror, Inc.	\$ 150.00
UBR-2006	Independent Project Management Consulting, Inc.	\$ 150.00
UBR-2006	I.N.V. Inc.	\$ 150.00

Very truly yours,

Batten Madewell, CPA, LLC
Batten Madewell, CPA, LLC

Enclosure: As noted above