

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90063 050 ***150.00

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1. Entity Name
PARR MARINE CONSTRUCTION, INC.



Principal Place of Business
**2628 MAGNOLIA WAY
PUNTA GORDA, FL 33950**

Mailing Address
**2628 MAGNOLIA WAY
PUNTA GORDA, FL 33950**

40001671



01082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0811123

Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

**PARR, ROLAND R
2628 MAGNOLIA WAY
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

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 reappointing)

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

TITLE **V** ☐ Delete
NAME **PARR, ROLAND R JR**
STREET ADDRESS **1454 EAGLE STREET**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **ST** ☐ Delete
NAME **PARR, ROLAND R SR**
STREET ADDRESS **2628 MAGNOLIA WAY**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **P** ☐ Delete
NAME **PARR, STEPHEN N**
STREET ADDRESS **3311 GUSSIE ST**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **V** ☐ Delete
NAME **PARR, STEPHEN B**
STREET ADDRESS **3311 GUSSIE ST.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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: Roland R Parr **ROLAND R. PARR** 1/8/08 (941) 639-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #