## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **Secretary of State** DOCUMENT # P98000015807 1. Entity Name 02-21-2005 90087 024 \*\*\*150.00 FRANK'S MOBILE MARINE, INC. Principal Place of Business Mailing Address 4412 27 AVENUE SOUTH 4412 27 AVENUE SOUTH **GULFPORT FL 33711** GULFPORT FL 33711 2. Principal Place of Business 3. Mailing Address 2538 Indiso 2538 Indico dr Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3498734 Dunedin )u*ne*din Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired pinellas Fee Required DING/145 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENSAVELLE, FRANK 4412 27 AVE SOUTH Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33711 City p Code 4698 unalin 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSDT TITLE ☐ Addition TITLE ☐ Delete New Address Change PENSAVALLE, FRANK NAME NAME 2538 Indiso dr Dunedin FL 34698 STREET ADDRESS 4412 27 AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP **GULFPORT FL 33711** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition New Address NAME PENSAVALLE, JOSEPH NAME STREET ADDRESS 4412 27 AVENUE SOUTH STREET ADDRESS 2538 Indiso dr Ornedin FL 341 CITY-ST-ZIP **GULFPORT FL 33711** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition TETLE Detete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Frank Pensavalle 2

FILED

Feb 21, 2005 8:00 am