

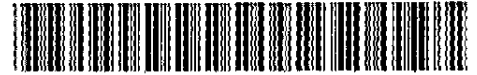
DOCUMENT # P98000020139

1. Entity Name

A-1 MARINE SERVICES, INC.



FILED
Feb 27, 2006 08:00 AM
Secretary of State



Principal Place of Business

3944 PINEISLAND RD.
CAPE CORAL FL 33993

Mailing Address

3944 PINEISLAND RD.
CAPE CORAL FL 33993

1st MOORE CR2E034 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0844261

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

NUCCIO, THOMAS
2628 NW 4TH PL
CAPE CORAL FL 33990

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 Max. Added to Fee

10. OFFICERS AND DIRECTORS

TITLE: P Delete
NAME: NUCCIO, THOMAS
STREET ADDRESS: 2628 NW 4TH PLACE
CITY-ST-ZIP: CAPE CORAL FL 33993

TITLE: ST Delete
NAME: NUCCIO, DARLENE
STREET ADDRESS: 2628 NW 4TH PLACE
CITY-ST-ZIP: CAPE CORAL FL 33993

TITLE: VP Delete
NAME: NUCCIO, ROBERT
STREET ADDRESS: 3209 SE 1ST CT
CITY-ST-ZIP: CAPE CORAL FL 33904

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 03/09/06-80069-011 150.00

TITLE: Change Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Add
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TITLE: Change Add
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CITY-ST-ZIP:

TITLE: Change Add
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 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 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: *Thomas Nuccio*

2/22/06 239-283-1066