


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000020139</b> 1. Entity Name <b>A-1 MARINE SERVICES, INC.</b>	
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Principal Place of Business <b>3944 PINEISLAND RD. CAPE CORAL FL 33993</b>	Mailing Address <b>3944 PINEISLAND RD. CAPE CORAL FL 33993</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc
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1st MOORE CR2E034 (10/06)

City & State	City & State
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4. FEI Number <b>65-0844261</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>NUCCIO, THOMAS 2628 NW 4TH PL CAPE CORAL FL 33990</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P NUCCIO, THOMAS <input type="checkbox"/> Delete STREET ADDRESS 2628 NW 4TH PLACE CITY-ST-ZIP CAPE CORAL FL 33993
TITLE	ST NUCCIO, DARLENE <input type="checkbox"/> Delete STREET ADDRESS 2628 NW 4TH PLACE CITY-ST-ZIP CAPE CORAL FL 33993
TITLE	VP NUCCIO, ROBERT <input type="checkbox"/> Delete STREET ADDRESS 3209 SE 1ST CT CITY-ST-ZIP CAPE CORAL FL 33904
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000705665 04/24/07-80001-003 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 239-283-1066  
 Date Daytime Phone #