## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000025084

Entity Name: SHIPSHAPE MARINE MAINTENANCE, INC.

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4715 69TH ST E P.O BOX 1604

PALMETTO, FL 34221 PALMETTO, FL 34220

Current Mailing Address: New Mailing Address:

PO BOX 1604

PALMETTO, FL 34221

FEI Number: 65-0820447 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EZZELLE, DAVID M EZZELLE, DAVID E 4715 69TH ST E 4012 60TH ST CT W

PALMETTO, FL 34221 US BRADENTON, FL 34209 US

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.

SIGNATURE: DAVID E EZZELLE 04/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 EZZELLE, DAVID M
 Name:
 EZZELLE, DAVID E

 Address:
 4715 69TH ST E
 Address:
 4012 60TH ST CT W

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 BRADENTON, FL 34209

Title: VTD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 EZZELLE, JUDY
 Name:

 Address:
 4715 69TH ST E
 Address:

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:

 Name:
 EZZELLE, DÁVÍD E
 Name:
 EZZELLE, DÁVÍD M

 Address:
 3403 6TH AVE
 Address:
 262 TULIP DR

 City-St-Zip:
 HOLMES BEACH, FL 34217
 City-St-Zip:
 SPARTA, TN 38583

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E EZZELLE PD 04/13/2006