

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90143 005 ***150.00

DOCUMENT # P98000030308

1. Entity Name
M & M MARINE CONSTRUCTION, INC.



Principal Place of Business
**4040 HIGBEE STREET
PORT CHARLOTTE, FL 33948**

Mailing Address
**4040 HIGBEE STREET
PORT CHARLOTTE, FL 33948**

20057397



2. Principal Place of Business

3. Mailing Address

4642 Leesburg Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State

City & State
North Port, FL

4. FEI Number
65-0818728

Applied For
Not Applicable

Zip

Country

Zip

34286

Country

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

6. Name and Address of Current Registered Agent

CRAWFORD, MITCHELL V
4040 HIGBEE STREET
PORT CHARLOTTE, FL 33948 **4642 Leesburg Ave North Port FL 34286**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CRAWFORD, MITCHELL V
4040 HIGBEE STREET
PORT CHARLOTTE, FL 33948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
MCINNIS, KENNETH MARK
3151 NE OLTUNNS ST
ARCADIA, FL 34266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LAUER, ROBERT
3317 LAKEVIEW BLVD
PORT CHARLOTTE, FL 33948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4642 Leesburg Avenue ☒ Change ☐ Addition
North Port, FL 34286

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

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☐ Change ☐ Addition

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-5