## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000030308

City-St-Zip:

PORT CHARLOTTE, FL 33948

FILED May 01, 2006 Secretary of State

Entity Name: M & M MARINE CONSTRUCTION, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BEE STREET ARLOTTE, FL	33948	4642 LEESBURG AVE NORTH PORT, FL 34		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	BURG AVE ORT, FL 3428	6	4640 LEESBURG AVE NORTH PORT, FL 34	≣ 4288	
FEI Number:	65-0818728	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CRAWFORD, MITCHELL V 4642 LEESBURG AVE NORTH PORT, FL 34286 US			4642 LEESBÚRG AVE	CRAWFORD, MITCHELL V 4642 LEESBURG AVE NORTH PORT, FL 34288 US	
	named entity s e of Florida.	submits this statement for the po	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				05/01/2006	
	Electron	ic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution (  ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) CRAWFORD, N 4642 LEESBUF NORTH PORT,	RG AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () MCINNIS, KENI 3151 NE OLTM ARCADIA, FL 3	UNNS ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S () LAUER, ROBER 3317 LAKEVIEN		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: CHRISTINE CRAWFORD **BOKP** 05/01/2006