

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000032105

1. Entity Name
KC MARINE SERVICES, INC.



**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90212 033 ***150.00



04092007 Chg-P CR2E034 (12/06)

Principal Place of Business
923 SE 20TH STREET
#12
FORT LAUDERDALE, FL 33316

Mailing Address
C/O ABC BOOKKEEPING
4435 S.W. 26TH AVENUE
FORT LAUDERDALE, FL 33312

2. Principal Place of Business - No P.O. Box #
124 SW 5th St

3. Mailing Address
124 SW 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Lauderdale Fl

City & State
Ft Lauderdale Fl

Zip
33301

Country
US

Zip
33301

Country
US

4. FEI Number
65-0825752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRAFT, SHARON
4435 S.W. 26TH AVENUE
FT LAUDERDALE, FL 33312

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARVER, KELLY L 923 SE 20TH ST #12 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kelly Carver* KELLY CARVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 9547668100

Date

Day/night Phone #