

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000063855**

1. Entity Name  
**ADVANCED MARINE CONSTRUCTION, INC.**



Principal Place of Business  
**1041 HARBOR LAKE DR  
SAFETY HARBOR, FL 34695**

Mailing Address  
**1041 HARBOR LAKE DR  
SAFETY HARBOR, FL 34695**

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0852316**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOTT, STEPHEN  
1041 HARBOR LAKE DR  
SAFETY HARBOR, FL 34695**

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

**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**

DATE  
**000000657059**  
**03/14/07-80050-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LOTT, STEPHEN
STREET ADDRESS	8186 83RD AVE. N.
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	VP
NAME	RYAN, JOHN
STREET ADDRESS	3501 FAIRVIEW ST
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	S
NAME	RYAN, LISA
STREET ADDRESS	3501 FAIRVIEW ST
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Lisa Ryan* **Lisa Ryan Corp. Sec.** **2-14-07** **727-712-3909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #