

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076562

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: LEWIS MARINE SUPPLY OF NORTH CAROLINA, INC.

## Current Principal Place of Business:

100 ANCHORS WAY DRIVE  
EDENTON, NC 27932

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 21107  
FORT LAUDERDALE, FL 33335

## New Mailing Address:

FEI Number: 57-1074878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPHENS, JOHN E  
220 S.W. 32ND STREET  
FORT LAUDERDALE, FL 33315 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: LEWIS, STEPHEN R.,  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: PD ( ) Delete  
Name: COLEMAN, CAROLYN E.,  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VPD ( ) Delete  
Name: STEPHENS, JOHN E.,  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S ( ) Delete  
Name: LEWIS, JODY L.,  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP ( ) Delete  
Name: FRAM, SANDRA L.,  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: T (X) Delete  
Name: REYHER, BETTY J.,  
Address: 220 S.W. 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN E STEPHENS

VPD

02/01/2007

Electronic Signature of Signing Officer or Director

Date