

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90147 045 \*\*\*158.75

**DOCUMENT # P98000089889**

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



**Principal Place of Business**  
**3806 B. WARD ST.**  
**JACKSONVILLE BEACH, FL 32250**

**Mailing Address**  
**2444 OAK FOREST DR.**  
**JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-3657101**

**Applied For**  
**Not Applicable**

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

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

**BECK, MICHELLE C**  
**2444 OAK FOREST DR.**  
**JACKSONVILLE BEACH, FL 32250**

**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** Michelle C. Beck 4/26/06  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PVST</b>
<b>NAME</b>	<b>BECK, TIMOTHY J</b>
<b>STREET ADDRESS</b>	<b>2444 Oak Forest Dr.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE BEACH, FL 32250</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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:** [Signature] Pres. 4/26/06 904-993-3090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #