

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 032 ***150.00

DOCUMENT # P99000021779

1. Entity Name
FLORIDA COAST MARINE, INC.



Principal Place of Business
**2010 HARBORTOWN DRIVE
STE 0
FORT PIERCE, FL 34946**

Mailing Address
**2010 HARBORTOWN DR
SUITE 0
FORT PIERCE, FL 34946**

40049693



2. Principal Place of Business

3. Mailing Address

400 N FLAGLER DRIVE

400 N FLAGLER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-SUITE D

-SUITE D

City & State

City & State

-WEST PALM BEACH, FL

-WEST PALM BEACH, FL

Zip

Country

Zip

Country

-33401

-33401

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3562373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, PHILIP R
2010 HARBORTOWN DRIVE
STE 0
FORT PIERCE, FL 34946**

Name

- KENNEDY, DENNIS F SR

Street Address (P.O. Box Number is Not Acceptable)

-10853 EGRET POINTE LANE

City

- WEST PALM BEACH,

FL

Zip Code

-33412

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, 2006 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
**D
AUSTIN, PHILIP R
2010 HARBORWOWN DRIVE STE 0
FORT PIERCE, FL 34949** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KENNEDY, DENNIS F SR
10853 EGRET POINTE LANE
WEST PALM BEACH, FLORIDA 33412** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SULPIZIO, CHRISTEL K
21 JOHN BEALE DRIVE
BOOTHWYN, PA 19061** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #