2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000031482

1. Entity Name
SCOTT'S MOBILE MARINE SERVICE, INC.

Principal Place of Business	Mailing Address
1101 SANGER ST CHARLOTTE, FL 33954	1101 SANGER ST CHARLOTTE, FL 33954

DO NOT WRITE IN THIS SPACE

01152008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0905792		Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMANN, SCOTT
1101 SANGER ST
CHARLOTTE, FL 33954

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 reinstating)   DATE

FILE NOW!!!. FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000900449 04/29/08-80028-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMANN, SCOTT
STREET ADDRESS	1101 SANGER ST
CITY-ST-ZIP	CHARLOTTE, FL 33954

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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: _Scott Hoffmann Pres._ 4/14/08 941-769-5935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #