

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000068707**

1. Entity Name  
**NAUTIC MARINE WELDING INC.**



Principal Place of Business  
**230 NE 42ND CT  
OAKLAND PARK, FL 33334**

Mailing Address  
**230 NE 42ND CT  
OAKLAND PARK, FL 33334**



04262006 No Chg-P CR2E034 (11/05)

4. FCI Number  
**65-0940043**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**LUONGO, DOUGLAS J SR.  
231 SE 8TH ST.  
DANIA, FL 33004-4441**

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LUONGO, DOUGLAS J SR.
STREET ADDRESS	231 SE 8TH ST
CITY - ST - ZIP	DANIA, FL 33004
TITLE	D
NAME	KAROLEWICZ, JOYCE M
STREET ADDRESS	231 S.E. 8TH STREET
CITY - ST - ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	LUONGO, DOUGLAS J JR
STREET ADDRESS	4015 SW 15 STREET APT. 110-D
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000552403  
05/15/06-80010-001 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-27-06**