## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # S18417**

1. Entity Name

SUTHERLAND MARINE, INC.



FILED Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

415 DEMPSEY ROAD PALM HARBOR, FL 34683 Mailing Address

415 DEMPSEY ROAD PALM HARBOR, FL 34683



02122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2993239

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ESKER, CHRISTOPHER E. 415 DEMPSEY RD PALM HARBOR, FL. 34083

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the prions of registered agent	ourpose of changing its registere	d office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	H annuable (AIOTE Parateur		required when reinstating)	DATE	
	Signature: typed or printed name of registered agent and the				DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESKER, CHRISTOPHER E. 415 DEMPSEY ROAD PALM HARBOR, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000663915 03/22/07-80023-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. * *			IN THIS SPACE		
TITLE NAME STREET ADDRESS						

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 paper 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. In all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

NATURE AND DEFINED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-9-07

727-789-4578

ale

Daytime Phone #