


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-03-2005 90171 004 ***150.00

DOCUMENT # S39858			
1. Entity Name C & E MARINE INC.			
Principal Place of Business 5209 YELLOWWATER RD JACKSONVILLE, FL 32234		Mailing Address 5209 YELLOWWATER RD JACKSONVILLE, FL 32234	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3056969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALKER, CHRISTOPHER R. 5209 YELLOWWATER RD RT-24 BOX 712 BALDWIN, FL 32234		Name WALKER, Christopher R Street Address (P.O. Box Number is Not Acceptable) 5209 Yellowwater Rd 245 EARL RD City Georgetown SC Zip Code 29440	
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 Christopher R Walker		DATE 1-7-05	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WALKER, CHRISTOPHER STREET ADDRESS 5209 Yellowwater Rd CITY-ST-ZIP BALDWIN, FL	<input type="checkbox"/> Delete	TITLE P NAME WALKER, Christopher STREET ADDRESS 245 EARL RD CITY-ST-ZIP Georgetown SC 29440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WALKER, CHRISTOPHER R. STREET ADDRESS RT-24 BOX 712 CITY-ST-ZIP BALDWIN, FL 32234	<input type="checkbox"/> Delete	TITLE D NAME WALKER, Christopher STREET ADDRESS 245 EARL RD CITY-ST-ZIP Georgetown SC 29440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME POPERT, JEAN STREET ADDRESS RTX 24 BOX 712 CITY-ST-ZIP BALDWIN, FL	<input checked="" type="checkbox"/> Delete	TITLE T NAME WALKER, Debra STREET ADDRESS 245 EARL RD CITY-ST-ZIP Georgetown, SC 29440	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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: Christopher R Walker		DATE 1-7-05 DAYTIME PHONE # 904 289-7763	

see corrected
Thank you

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C & E MARINE INC.



Principal Place of Business
5209 YELLOWWATER RD
JACKSONVILLE, FL 32234

Mailing Address
5209 YELLOWWATER RD
JACKSONVILLE, FL 32234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3056969

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

WALKER, CHRISTOPHER R.
5209 YELLOWWATER RD
~~RTX 24 BOX 712~~
BALDWIN, FL 32234

Name Walker, Christopher R.

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

5209 Yellowwater Rd

City Baldwin

FL

Zip Code 32234

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 Christopher R. Walker

Christopher R. Walker, Pres. 1-7-05

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, 2005 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 P
NAME WALKER, CHRISTOPHER
STREET ADDRESS ~~RTX 24 BOX 712~~ 5209 Yellowwater Rd
CITY-ST-ZIP BALDWIN, FL ☐ Delete

TITLE Treasurer
NAME Debra Walker
STREET ADDRESS 245 ENR 1 Rd
CITY-ST-ZIP Georgetown, SC 29440 ☒ Change ☒ Addition

TITLE D
NAME WALKER, CHRISTOPHER R.
STREET ADDRESS ~~ROUTE 24 BOX 712~~ 5209 Yellowwater Rd
CITY-ST-ZIP BALDWIN, FL 32234 ☐ Delete

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

TITLE T
NAME PORPENT, JEAN
STREET ADDRESS RTX 24 BOX 712
CITY-ST-ZIP BALDWIN, FL ☒ Delete

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christopher R. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

904-237-7380

904-289-7763

Daytime Phone #

ATTACHMENT

66008996