


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # S81236 1. Entity Name TROPIC MARINE CONSTRUCTION, INC. |  |
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|---|---|
| Principal Place of Business 130 NE DIXIE HIGHWAY STUART, FL 34994 | Mailing Address 130 NE DIXIE HIGHWAY STUART, FL 34994 |
|---|---|



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE


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|------------------------------------|--|
| 4. FEI Number 65-0289087 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HARRIS, MATTHEW E. 130 N.E. DIXIE HWY STUART, FL 34994 |
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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:  DATE: 1/14/08

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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | D |
| NAME | BARKER, DAVID M. |
| STREET ADDRESS | 1599 S.W. EGRET WAY |
| CITY-ST-ZIP | PALM CITY, FL 34990 |
| TITLE | D |
| NAME | HARRIS, MATHEW E. |
| STREET ADDRESS | 2357 S.E. GILLETTE AVE |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34952 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/18/08-80021-017 150.00

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:  DATE: 1/14/08 772-692-4154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #