

ANNUAL REPORT

DOCUMENT # V35391

1. Entity Name
FORT MYERS MARINE, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business
2137 FOWLER ST
FORT MYERS, FL 33901 US

Mailing Address
2137 FOWLER ST
FORT MYERS, FL 33901 US



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0335798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALKINS, CHARLES A.
2137 FOWLER ST
FORT MYERS, FL 33901

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000610621
02/02/07-80029-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CALKINS, CHARLES A.
STREET ADDRESS	2137 FOWLER ST
CITY - ST - ZIP	FT MYERS, FL
TITLE	D
NAME	CALKINS, CHARLES A.
STREET ADDRESS	2137 FOWLER ST
CITY - ST - ZIP	FT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 #

1/10/07 (239)334-7871