

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 013 ***150.00

DOCUMENT # V41726

1. Entity Name
SERVICE ONE MARINE, INC.



Principal Place of Business
**1474 OHIO AVE.
DUNEDIN, FL 34698**

Mailing Address
**1474 OHIO AVE.
DUNEDIN, FL 34698**

40086414

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1597 N. HERCULES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202007

Chg-P

CR2E034 (12/06)

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3180514

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLEK, RICHARD A
6137 ROCKROSS AVE
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POMIANOWSKI, MARK J.	
STREET ADDRESS	1474 OHIO AVE	
CITY - ST - ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMIANOWSKI, DAWN E	
STREET ADDRESS	1474 OHIO AVE	
CITY - ST - ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

[Handwritten Signature]