


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 030 ***150.00

DOCUMENT # 248504					
1. Entity Name AMERICAN MARINE UNDERWRITERS, INC.					
Principal Place of Business 3320 N. WEST 53RD ST SUITE 204 FORT LAUDERDALE, FL 33309-6384			Mailing Address ONE NATIONWIDE PLAZA ROGER CRAIG, 1-35-05 COLUMBUS, OH 43215-2220 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1031596	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, KELLY A		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAHN, DAVID R		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, JOHN H JR.		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, MICHAEL D		NAME	VP/ASST. SECRETARY	
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS	THOMAS TOWN BARNES PLAZA	
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP	ONE NATIONWIDE PLAZA	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	ROBINETTE, DOUGLAS C		NAME	COLUMBUS, OH 43215	<input type="checkbox"/> Addition
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENSTEIN, J. LYNN		NAME		
STREET ADDRESS	ONE NATIONWIDE PLAZA		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 432152220		CITY-ST-ZIP		
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 lists empowered.					
SIGNATURE: <i>Glenn W. Soden</i>		3-9-2005		614.249.7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	