## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 06, 2005 8:00 am Secretary of State DOCUMENT # K59513 05-06-2005 90091 022 \*\*\*150.00 MARINE CONNECTION LIQUIDATORS, INC. Principal Place of Business Mailing Address **3 00049829** % ROLAND KURUSIS % ROLAND KURUSIS 2911 N US #1 2911 N US #1 FT PIERCE, FL 34946 FT PIERCE, FL 34946 04292005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0101553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KURUSIS, ROLAND DO NOT WRITE 2911 N US #1 FT PIERCE, FL 34946 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 4-30-05 SIGNATURE e of recestered agent and utle if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KURUSIS, ROLAND NAME STREET ADDRESS 445 RIVER PRADO DR CITY ST-ZIP FT PIERCE, FL 34946 MILE NAME STREET ADDRESS CITY - ST - ZIP TITL F NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 fike empowered.

Date

Daytine Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

**FILED**