


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K65082					
1. Entity Name STARBOARD MARINE, INC.					
Principal Place of Business 20666 BACK BCH RD PANAMA CITY BEACH, FL 32413			Mailing Address P.O. BOX 14041 PANAMA CITY BCH., FL 32413		
2. Principal Place of Business <i>add same above</i>			3. Mailing Address <i>same above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  MARTIN, PATRICK H. 506 SUNSHINE CT PANAMA CITY BEACH, FL 32413				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>accept</u> the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstated) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	PS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, PATRICK H.			NAME	
STREET ADDRESS	506 SUNSHINE CT			STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413			CITY-ST-ZIP	
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LISA J.			NAME	
STREET ADDRESS	506 SUNSHINE CT			STREET ADDRESS	U00000161972
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413			CITY-ST-ZIP	06/03/04-80002-002 150.00
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.					
SIGNATURE: <i>Pat Martin</i>				5-1804 850-235-4885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	