


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000089073 1. Entity Name MCCRANIE MARINE SERVICES, INC.	
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Principal Place of Business 767 HORSEMAN DR PORT ORANGE FL 32127	Mailing Address 767 HORSEMAN DR PORT ORANGE FL 32127
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent CARLA DELOACH BRYANT, P.A. 1201 S ORLANDO AVE, SUITE 350 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PT MCCRANIE, LEON G <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	767 HORSEMAN DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	U00000048110 02/12/04-80067-017 150.00
TITLE NAME	VS MCCRANIC, KAREN L <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	767 HORSEMAN DR.	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  -2-4-04 386-761-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #