


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90245 028 ***150.00

DOCUMENT # P03000020228

1. Entity Name:
MARINE SEAM, INC.




Principal Place of Business: **116 8 STREET HOLLY HILL, FL 32117**

Mailing Address: **116 8 STREET HOLLY HILL, FL 32117**

34030473

2. Principal Place of Business: Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

3. Mailing Address: Suite, Apt. #, etc.:
 City & State:
 Zip: Country:



04072004 Chg-P CR2E034 (10/03)

4. FEI Number: **593767966** Applied For (Not Applicable)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:

DRAGON, CHRISTIAN Z
116 8 STREET
HOLLY HILL, FL 32117

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: _____ (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 111	
TITLE: D	NAME: DRAGON, CHRISTIAN Z <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 116 8 STREET	CITY- ST- ZIP: HOLLY HILL, FL 32117	STREET ADDRESS:	CITY- ST- ZIP:
TITLE:	NAME: <input type="checkbox"/> Delete	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS:	CITY- ST- ZIP:	STREET ADDRESS:	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)(f), 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:  **4/07/04 (386) 257-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____