2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90272 023 ***150.00

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1. Entity Name
AERO MARINE HOLDING COMPANY

14010410

04192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
10126 CROSSWIND ROAD BOCA RATON, FL 33498	~~% ROBERT J. HUTCHINS, ATTORNEY~~ ~~P.O. BOX 547607~~ ~~ORLANDO, FL 32854-7607~~

2. Principal Place of Business	3. Mailing Address
	10126 CROSSWIND ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BOCA RATON, FL
Zip / Country	Zip: 33498 / Country: US

4. FEI Number: 20-0162821 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HUTCHINS, ROBERT~~ 400 ~~NORTH WYMORE~~ ROAD ~~SUITE 110~~ WINTER PARK, FL 32789	Name: VETERE, DAVID J. Street Address (P.O. Box Number is Not Acceptable): 10126 CROSSWIND ROAD City: BOCA RATON FL Zip Code: 33498

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: David J. Vetere DATE: 4/25/05
Signature, typed or printed name of registered agent and title if applicable. DAVID J. Vetere (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VETERE, DAVID J 10126 CROSSWIND ROAD BOCA RATON, FL 33498	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: David J. Vetere 4/25/05 561-542-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DAVID J. Vetere; Date; Daytime Phone #