


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P98000104956  
1. Entity Name  
SPECIALTY MARINE & INDUSTRIAL SUPPLIES, INC.



Principal Place of Business  
1420 MAYPORT RD  
ATLANTIC BCH, FL 32233

Mailing Address  
1420 MAYPORT RD  
ATLANTIC BCH, FL 32233

**DO NOT WRITE IN THIS SPACE**



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3555317

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
WHALEN, SHARON  
1420 MAYPORT RD  
ATLANTIC BCH, FL 32233

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

000000153010  
05/04/04-80110-003 155.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHALEN, SHARON 1420 MAYPORT RD ATLANTIC BCH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHALEN, JAMES M 1420 MAYPORT RD ATLANTIC BCH, FL 32233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: Sharon Whalen 04/30/04 (904)247-3303  
SHARON WHALEN Date Daytime Phone