


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000110648
 1. Entity Name
MARINE ENGINEERING SYSTEMS COMPANY



Principal Place of Business
**5030 OLD KINGS RD. NW
 JACKSONVILLE, FL 32284-1184**

Mailing Address
**5030 OLD KINGS RD. NW
 JACKSONVILLE, FL 32284-1184**

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1241610

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HUX, WILLIAM F
 5030 OLD KINGS RD. NW
 JACKSONVILLE, FL 32284-1184**

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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 *William F. Hux*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HUX, AGRIFINA H 14410 POND PLACE DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ESTES, ROBERT E 5259 PERCHERON COURT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HUX, WILL F 14410 POND PLACE DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/12/04-80028-023 158.75

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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: *William F. Hux* **WILLIAM F. HUX 3-1-04 904-355-1722**