


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 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



02222005 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**

**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: *Will F. Hux* (NOTE: Registered Agent signature required when reinstating)
DATE: FEB 22 2005

**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

000000241124
02/24/05-80033-002 158.75

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: *Will F. Hux* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: FEB 22 2005 DATE
DAYTIME PHONE #: 904 355 1777 DAYTIME PHONE #

WILL F. HUX