

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 010 ***150.00

DOCUMENT # 484987

1. Entity Name
INTRAMARINE, INC.



Principal Place of Business
2029 E. ADAMS ST.
JACKSONVILLE, FL 32202

Mailing Address
1010 E. ADAMS ST
JACKSONVILLE, FL 32202

24073901



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1759123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERTLE, CAROL B
2029 E. ADAMS STREET
JACKSONVILLE, FL 32202

**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

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	CD
NAME	HERTLE, HELMUT
STREET ADDRESS	2029 E ADAMS ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	HERTLE, CAROL
STREET ADDRESS	2029 E ADAMS ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	EDGERTON, E W JR <i>X Delete</i>
STREET ADDRESS	2029 EAST ADAMS ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	ROBINSON, JANET D
STREET ADDRESS	2029 EAST ADAMS ST
CITY-ST-ZIP	JACKSONVILLE, FL
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)(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:

Carol B. Hertle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL B. HERTLE, President

4-29-04 *904-355-8311*

Date

Daytime Phone #