


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90057 030 \*\*\*150.00

**DOCUMENT # 492223**

1. Entity Name  
**ALLIED MARINE GROUP, INC.**



Principal Place of Business      Mailing Address

**401 SW FIRST AVENUE**      **110 N DIXIE HIGHWAY**  
**FT. LAUDERDALE, FL 33301 US**      **STUART, FL 34994 US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02072005    Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For

**13-2841232**       Not Applicable

Zip      Country      Zip      Country

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	
<b>WAXLER, CAROL S</b> <b>THE ALLIED MARINE GROUP</b> <b>110 NORTH DIXIE HIGHWAY</b> <b>STUART, FL 34994</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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, 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	CEOD	<input checked="" type="checkbox"/> Delete	TITLE	PCEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOUSMA, GEORGE L		NAME	Jousma, George	
STREET ADDRESS	1445 SE 16TH STREET		STREET ADDRESS	1445 SE 16th Street	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP	Fort Lauderdale FL 33316	
TITLE	PCOD	<input checked="" type="checkbox"/> Delete	TITLE	Please see	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOUSMA, GEORGE		NAME	attached list	
STREET ADDRESS	1445 SE 16TH STREET		STREET ADDRESS	FOR ADDITIONS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXLER, CAROL S		NAME		
STREET ADDRESS	110 N. DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKARD, JON		NAME		
STREET ADDRESS	110 N DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUGAL, ROB		NAME		
STREET ADDRESS	401 S.W. 1ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 S Waxler      Vice President      4/12/04      772-692-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# ATTACHMENT

40056720

Allied Marine Group, Inc.  
Document # 492223

## List of Additions to Officers and Directors

CDV

Tomsich, Robert J.  
6140 Parkland Blvd.  
Mayfield Heights, OH 44124

V

Rzicznek, Frank J.  
6140 Parkland Blvd.  
Mayfield Heights, OH 44124

VS

Brainard, Patrick J.  
6140 Parkland Blvd.  
Mayfield Heights, OH 44124

V

Bischoff, Nick  
1445 Southeast 16<sup>th</sup> Street  
Ft. Lauderdale, FL 33316

VCFO

Crow, David  
401 Southwest 1<sup>st</sup> Avenue  
Ft. Lauderdale, FL 33301