


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 542893 1. Entity Name C D I MARINE COMPANY	
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Principal Place of Business 9550 REGENCY SQUARE BLVD STE 400 JACKSONVILLE, FL 32225 US	Mailing Address 1717 ARCH ST 35 FL PHILADELPHIA, PA 19103-768 US
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2050731	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2005 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	PRES HUNT, RONALD L 9550 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEIDERS, JOSEPH R. 1717 ARCH ST PHILADELPHIA, PA
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STUART, JAY G 1717 ARCH STREET 35TH FL PHILADELPHIA, PA 19103
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LEWIS, CRAIG H. 1717 ARCH ST PHILADELPHIA, PA
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVP ONUR, EROL A 9550 REGENCY SQUARE BLVD JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/05-80043-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

904-805-0700

Daytime Phone #