


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 615318</b> 1. Entity Name COURT MARITIME, INC.	
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Principal Place of Business 3718 N W SOUTH RIVER DR MIAMI, FL 33142	Mailing Address 3718 N W SOUTH RIVER DR MIAMI, FL 33142
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**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1889521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

COURT JENKINS, KRISTY  
3718 NW SO. RIVER DR.  
MIAMI, FL 33142

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000102150 04/05/04 00004 005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD COURT, E. JAMES 3718 NW SO. RIVER DR.33 MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD COURT, BONNEY HORSELY 3718 NW SO. RIVER DR. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP COURT, KRISTY L 3718 NW SO. RIVER DR. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:** KRISTY JENKINS 04/01/04 305-6341267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #