2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	MINIOAL DI	PORT (AL		, -	-		FILED		
DOCU 1. Entity Nar	MENT # 619340				Feb 07, 2005 08:00 AM Secretary of State				
LATHAM	MARINE, INC.					Secre	mary of	ısı	ate
P incipal Place	ce of Business	Mailing Address			••			2	
280 S.W. 32ND CT.		280 S.W. 32ND CT.							
FT. LAUDERDALE FL 33315		FT. LAUDERDALE FL 33315							
					·				
2. Principal Place of Business		3. Mailing Address] 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City & State			4. FEI Numb	⁵⁹⁻¹⁹⁰⁵²⁸⁶			plied For t Applicable
Zìp	Country	Zip	D Countr		5. Certificate	e of Status Desired		75 Addi Required	
	6. Name and Address of Current R	egistered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered Agent				
1 47	THAM DODERT			Name	Ø				
280	THAM, ROBERT SW 32ND CT		Street Address		P.O. Box Numi	oer is Not Acceptable)			
FT	LAUDERDALE FL 33315		!						_ -
			!	City		· <u></u>	FL Z	ip Code	
8. The above	a named entity submits this statement for	the nurgose of changing i	its registers	ed office or register	red agent or by	oth in the State of Flor		or with	and accept
the obliga	tions of registered agent.	A	io rogistore	na onice or register	ica agent or b	out, at the oldte of tho	ya. Taurianiia	ai vytas, c	and accept
SIGNATURE		φ		<u></u>		· 			
	Signature, typed or printed name of registered agent an	d title if applicable (NC	OTE Registered	d Agent signature required	when reinstating)		DATE		
	TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00					9. Election Campai	gn Financing	\$5.0	00 May Be
	k Payable to Florida Department of :	State				Trust Fund Contr	ibution.		d to Fees
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS) CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TITLE NAME	PS LATHAM, ROBERT P.	☐ Delete	ittre				_	Change	Addition
STREET ADDRESS	280 S.W. 32ND_COURT		NAM! SIRE	FI ADDRESS		U00000217 02/07/05-800	535	rn ar	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		CITY	ST - ZIP		02/01/03~8UL	; ⊂(_018_]:	ԾՄ.ՄՄ	l
THILE		☐ Delete	1111.5					Change	Addition
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CITY-ST-ZIP				·SI · ZIP					,
TITLE		☐ Delete	INTLE	I				Change	Addition
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CITY-ST-ZIP			f	ST-ZIP					
TITLE		☐ Delete	TITLE		··-			Change	Addition
NAME STREET ADDRESS			NAMÉ SIBÉ	ET ADDRESS					
CITY-ST-ZIP			- 1	SI-ZIP					
DILL		☐ Delete	TITLE	ſ				Change	Addition
naml Street address			NAME	ET ADDRESS					
CITY-ST-ZIP				SI-ZIP					
TITLE		☐ Delete	1,T,F					Change	Addition
NAME Street address			NAME	ET ADDRESS					ļ
CITY-ST-ZIP			J	SE-ZIP					ı
12. I hereby	certify that the information supplied with the	nis filing does not qualify f	or the exer	nption stated in Se	ction 119.07(3)	(I), Florida Statutes. I f	urther certify the	at the in	formation
of the cor	certify that the information supplied with the on this report for supplemental report is the poration or the receiven or trustee empower, or on an attachment with an address, with an address and a supplementation of the control of the co	we and accurate and that vered to execute this report	my signat rt as requir	ure snall have the s ed by Chapter 607	same legal effe ', Florida Statut	ct as it made under oa es; and that my name	in; that i am an appears in Bloc	otticer o	<i>x director</i> Block 11 if
changed,	, or on an attachment with an address, wi	ar an outer like empowered	u. 			_			

ROBERT LATHAM Jan. 27, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

954-462-3055 Daysma Phona #