


**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # 629091**  
 1. Entity Name  
**JUDSON MARINE, INC.**



Principal Place of Business 3911 NE 23 TERRACE LIGHTHOUSE POINT, FL 33064 US	Mailing Address 3911 NE 23 TERRACE LIGHTHOUSE POINT, FL 33064 US
--	--

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEJ Number <b>59-1913959</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**8. Name and Address of Current Registered Agent**  
 JUDSON, RACHELLE M.  
 3911 NE 23 TERRACE  
 LIGHTHOUSE POINT, FL 33064

**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 NO CHANGE DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JUDSON, RACHELLE M 3911 NE 23 TERR. LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDSON, RACHELLE M 3911 NE 23 TERR. LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000025611  
 02/02/04-80112-013 150.00

**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)(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: Rachelle M Judson Date 1/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR