


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 639446
1. Entity Name
JAMESTOWN METAL MARINE SALES, INC.



Principal Place of Business 4710 NW 2ND AVE SUITE 400 BOCA RATON, FL 33431 US	Mailing Address 4710 NW 2ND AVE SUITE 400 BOCA RATON, FL 33431 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2311182	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAZARD, RICHARD
4710 NW 2ND AVE
BOCA RATON, FL 33431

**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 _____ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZARD, RICHARD 4710 NW 2ND AVE. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMAN, DAVID 4710 NW 2ND AVE. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITCHIE, DOUGLAS 4710 NW 2ND AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, ALLEN 4710 NW 2ND AVENUE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/20/05-80016-001 158.75

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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: David Aman **DAVID AMAN** 1/4/05 561-994-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #