

**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**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2311182

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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 _____

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

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01/20/05-80016-001 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Aman **DAVID AMAN**

1/4/05

561-984-3900