2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # 666123** 04-19-2004 90727 007 ***150.00 **ROBERT JANDREAU & SON MARINE** CONSTRUCTION, INC. Principal Place of Business Mailing Address 7358 COCONUT BLVD. WEST PALM BEACH FL 33412 7358 COCONUT BLVD WEST PALM BEACH FL 33412 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-1988773 Not Applicable Zip Zip , Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name JANDREAU III, ROBERT L. Street Address (P.O. Box Number is Not Acceptable) 7358 COCONUT BLVD. WEST PALM BEACH FL 33412 Zip Code 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 whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Delete ☐ Change TITLE TITLE JANDREAU, ROBERT L., III NAME NAME STREET ADDRESS 1250 OLD DIXIE HWY. STREET ADDRESS CITY-ST-ZIP LAKE PARK FL CITY-ST-78P VΡ TITLE Delete TITLE ☐ Change ☐ Addition GRIFFIN, PATRICK NAME NAME STREET ADDRESS 1250 OLD DIXIE HWY STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP TITLE Delete Сhange Addition -NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED