

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90106 023 ***158.75

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04122004 Chg-P CR2E034 (10/03)

DOCUMENT # 826212 1. Entity Name BENDER SHIPBUILDING & REPAIR CO., INC.					
Principal Place of Business ATTN: JOSEPH W MANGIN P.O. BOX 42 MOBILE, AL 36601			Mailing Address ATTN: JOSEPH W MANGIN P.O. BOX 42 MOBILE, AL 36601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State.			
Zip	Country	Zip	Country	4. FEI Number 63-0019150	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOODWIN, JAMES W II 111 MADISON STREET, SUITE 2300 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENDER, THOMAS B JR.		NAME		
STREET ADDRESS	265 SOUTH WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36603		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIXON, ROSEMARY M		NAME		
STREET ADDRESS	265 SOUTH WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36603		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERRELL, FRANK G JR.		NAME		
STREET ADDRESS	265 SOUTH WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36603		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROUSHORE, BRUCE J		NAME		
STREET ADDRESS	265 SOUTH WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36603		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, DAVID R		NAME		
STREET ADDRESS	265 SOUTH WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36603		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			4/19/04 251-431-8000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		