

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90006 022 \*\*\*550.00

**DOCUMENT # F00000001395**

1. Entity Name  
**WESTPORT SHIPYARD, INC.**



Principal Place of Business  
~~P.O. BOX 308~~  
**WESTPORT, WA 98595**

Mailing Address  
**P.O. BOX 308**  
**WESTPORT, WA 98595**

**44050829**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1807 NYAUS STREET**

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

**WESTPORT**

City & State

4. FEI Number

**91-1011690**

Applied For

Not Applicable

Zip

**WA 98595**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INTERSTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE., SUITE 3000**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>RUST, RICHARD J</b>	
STREET ADDRESS	<b>215 MARGARET AVENUE</b>	
CITY-ST-ZIP	<b>WESTPORT, WA 98595</b>	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	<b>NELSON, LARRY</b>	
STREET ADDRESS	<b>913 NORTH ADAMS</b>	
CITY-ST-ZIP	<b>WESTPORT, WA 98595</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLIBER, RICHARD C</b>	
STREET ADDRESS	<b>21539 HALSTEAD DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>WAKEFIELD, DARYL P</b>	
STREET ADDRESS	<b>506 WEST SEATTLE AVE.</b>	
CITY-ST-ZIP	<b>WESTPORT, WA 98595</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, JACK</b>	
STREET ADDRESS	<b>423 1/2 EAST HERON STREET</b>	
CITY-ST-ZIP	<b>ABERDEEN, WA 98520</b>	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	<b>PRESTON, RUSSELL S III</b>	
STREET ADDRESS	<b>19677 120TH AVE. SO.</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33498</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary Weik</b>	
STREET ADDRESS	<b>4116 226th Pl. N.E.</b>	
CITY-ST-ZIP	<b>Arlington, WA 98223</b>	
TITLE	V.P. of Finance, officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Barrow,</b>	
STREET ADDRESS	<b>153 CLEMENS RD</b>	
CITY-ST-ZIP	<b>MONTESANO WA 98563</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**PAUL BARROW**

**7/6/2004**

**360-268-1800.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #