

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90017 044 ***158.75

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1. Entity Name

ORCAS MARINE PRODUCTS, INC.



Principal Place of Business

6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER FL 34428-6933

Mailing Address

6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER FL 34428-6933

54022957



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

93-1083015

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEAD, BARBARA
6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER FL 34428-6933

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☒ Delete
NAME WARREN, NANI S
STREET ADDRESS 2365 SW MADISON
CITY-ST-ZIP PORTLAND OR 97205

TITLE P ☐ Delete
NAME COTTON, OREN L
STREET ADDRESS PO BOX 729
CITY-ST-ZIP EASTSOUND WA 98245

TITLE S ☒ Delete
NAME SCHWARTZ, JACK B
STREET ADDRESS 421 SW 6TH AVENUE, SUITE 1212
CITY-ST-ZIP PORTLAND OR 97201

TITLE T ☐ Delete
NAME COTTON, CAROL R
STREET ADDRESS PO BOX 729
CITY-ST-ZIP EASTSOUND WA 98245

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME HEAD, CHARLES T
STREET ADDRESS 387 NW Magnolia Circle
CITY-ST-ZIP Crystal River, FL 34428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME HEAD, BARBARA B
STREET ADDRESS 387 NW Magnolia Circle
CITY-ST-ZIP Crystal River, FL 34428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Barbara B Head

S

3-25-04

352-795-2033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #