


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90319 011 \*\*\*158.75

<b>DOCUMENT # F03000001459</b>					
<b>1. Entity Name</b> THE FOUNDATION FOR SAFE BOATING AND MARINE INFORMATION, INC.					
<b>Principal Place of Business</b> BOX 45 ROUTE 23 ASHLAND, NY 12407			<b>Mailing Address</b> BOX 45 ROUTE 23 ASHLAND, NY 12407		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 22-313747-9	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NICHOLS, ALEX 2400-SUNRISE KEY BOULEVARD FORT LAUDERDALE, FL 33304			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SAVAROS, GUS <input type="checkbox"/> Delete 2125 EAST 15 STREET BROOKLYN, NY 112294314				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVF LOMBARDO, ELAINE <input type="checkbox"/> Delete 12 EAST ATLANTIC AVENUE OCEANSIDE, NY 11572				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAHAM, DEBORACH <input type="checkbox"/> Delete 104 BROOK STREET GARDEN CITY, 11530				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWIE, VIRGINIA <input type="checkbox"/> Delete 1095 CODWISE STREET KINGSTON, NY 12401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Gus Savaros Pres</u> <u>Apr 10, 2004</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



04082004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

FL Zip Code

SIGNATURE: Gus Savaros Pres Apr 10, 2004