

ANNUAL REPORT

DOCUMENT # F03000004691

1. Entity Name
WRIGHT MARINE SERVICES, INC.

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90031 032 ***150.00

Principal Place of Business
203 WEST CLARENCE ST.
LAKE CHARLES, LA 70601Mailing Address
203 WEST CLARENCE ST.
LAKE CHARLES, LA 70601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-P

CR2E034 (10/03)

4. FEI Number

45-0518191

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLOCH, ERNESTO JR.
 50 MENORES AVE., SUITE 513
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Ben Baker

Street Address (P.O. Box Number is Not Acceptable)

1323 S.E. 17th St.

City

Ft. Lauderdale

FL

Zip Code

33316

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete
 NAME WRIGHT, KENNETH M
 STREET ADDRESS 203 WEST CLARENCE ST.
 CITY-ST-ZIP LAKE CHARLES, LA 70601

TITLE V ☒ Delete
 NAME VILLOCH, ERNESTO JR.
 STREET ADDRESS 50 MENORES AVE., SUITE 513
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF GRANTEE APPEARS ON NEXT PAGE

02/02/04

337-439-6930

Dated: _____