2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21960

FILED Apr 19, 2005 Secretary of State

Entity Name: MARINE SERVICES OF APALACHICOLA, INC.

urrent P	rincipai Plac	e of Business:	New Principal Place	or business:
33 WATE PALACH	ER ST IICOLA, FL 32	3320		
current Mailing Address:		ss:	New Mailing Address:	
O BOX (PALACH	597 IICOLA, FL 32	23290697 US		
El Number	: 59-2152491	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
4 4TH A\	J GORDON /E.			
he above	IICOLA, FL 32 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both
he above	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both
he above the State	named entity e of Florida. RE: Electro	submits this statement for the		ed office or registered agent, or both Date
he above the State IGNATUI	named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
he above the State IGNATUI	e named entity e of Florida. RE:Electro mpaign Financin	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete B,	ent	Date
he above the State IGNATUI ection Car FFICER: ame: ddress:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC DC (WARD, OLAN 111 AVENUE (APALACHICOL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). CTORS:) Delete B, C, LA, FL) Delete ER MACK, EOAD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWINELL WILSON ST 04/19/2005