## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2005 8:00 am Secretary of State

DOCUMENT # F36598  1. Entity Name FREEPORT MARINE REPAIR, INC.						Secretary of State 05-17-2005 90011 032 ***150.00					
Principal Place of Business 116 SHIPYARD ROAD BOX 49 FREEPORT, FL 32439		Mailing Address PO BOX 49 FREEPORT, FL 32439			 	ı MILLEN	<b>S</b> AN 1810 AT	1 DIER STIPA Öİ	N SIR 147 11	# <b>!!!</b>	
2. Principal Place of Business		3. Malling Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05052005	Chy	g-P	CR2EC	34 (10/03)	
City & State		City & State				4. FEI Number 59-207				N.	oplied For ot Applicable
Zip	Country	Zip	Country			5. Certificate	of Status	Desired		\$8.75 Add Fee Require	ditional d
	6. Name and Address of Current	Registered Agent				7. Name and	Address	of New R	legistered	Agent	
MURRAY, JAMES M MR.				Name							
PO BOX 49 FREEPORT, FL 32439				Street Address (P.O. Box Number is Not Acceptable) Rd.							
ļ	named entity submits this statement fo			City F	cee	2001+			FL	Zip Cod	°4,3 9
8. The above the obligat	named entity submits this statement fo tions of registered agent.	the purpose of changing its	registere	ed office or r	register	ed agent, or bo	th, in the	State of Fic	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registere	d Agent eignetun	e required	when mink(ating)			DATE		
	LE NOW!!! FEE IS \$550.00 tue by September 7, 2005	9. Election Campai Trust Fund Contr		ncing		00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGI	S TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P	☐ Defete	TITLE	·						Change	☐ Addition
NAME STREET ADDRESS	MURRAY, JAMES M. SHIPYARD ROAD		NAM			A		2001			
CITY-ST-ZIP	FREEPORT, FL			ET ADORESS   -St-Zip		Shipy eport	wa,	226	139		
TITLE	ST	☐ Delete	TITLE		FIC	C PUTT			101	Change	Addition
HALE	MURRAY, GAIL M	in books	NAM	ε						GO over-do	
STREET ADDRESS	SHIPYARD ROAD			ET ADORESS	116	Shipy eport,	erd	Road			
CITY-51-ZP	FREEPORT, FL		CITY	-\$1-ZIP	Fre	eport,	FL	344	39		
TITLE	1	☐ Delste	TITLE	i						Change	Addition
STREET ADDRESS	{			ET ADDRESS							
CATY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE					-		☐ Change	Addition
NAME	)		NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS							
	<u></u>		Carri	-\$1-41							
TITLE		Deleta	TITLE	<del></del>						☐ Change	Addition
NAME		☐ Deleta	TITLE	E						Change	Addition
1		□ Deleta	TITLE NAME STREE							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ Deleta	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP						Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP							

126. Thereby certify that the information supplied with this flung does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 eddress, with all other like empowered.

CICNIATI IDC.

Ames M. Murray 5/6/

\_5/6/05 (850) 835-4125