




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90079 022 \*\*\*150.00

<b>DOCUMENT # F58770</b> 1. Entity Name <b>MARINE CONSULTING &amp; SERVICING, INC.</b>					
Principal Place of Business <b>2798 CHESTERBROOK COURT JACKSONVILLE, FL 32224</b>			Mailing Address <b>PO BOX 331146 ATLANTIC BEACH, FL 32233-1146</b>		
2. Principal Place of Business <b>599 Atlantic Blvd.</b> Suite, Apt. #, etc. <b>Suite 4</b>		3. Mailing Address <b>14286-19 Beach Blvd.</b> Suite, Apt. #, etc. <b># 101</b>			
City & State <b>Atlantic Beach, FL</b> Zip <b>32233</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32250</b> Country <b>USA</b>		03092005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-2148365</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>EAKIN, PAUL 599 ATLANTIC BLVD. STE. 4 ATLANTIC BEACH, FL 32233</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HENDRICK, JAMES W. JR. 2897 CHESTERBROOK COURT JACKSONVILLE, FL 32224		<input type="checkbox"/> Delete		
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		
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		
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		
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: 			3/9/05 704-223-0823 Date Daytime Phone #		