

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F82599

1. Entity Name
COPPEDGE MARINE, INC.



Principal Place of Business

4972 RIVER PT RD
PO BOX 5636
JACKSONVILLE, FL 32207

Mailing Address

4972 RIVER PT RD
PO BOX 5636
JACKSONVILLE, FL 32207



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2189734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COPPEDGE, JAMES W.
4972 RIVER POINT ROAD
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COPPEDGE, JAMES W
STREET ADDRESS	4972 RIVER POINT RD
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	COPLEDGE, EDWARD E
STREET ADDRESS	4972 RIVER POINT RD.
CITY-STATE-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	COPPEDGE, JAMES W JR
STREET ADDRESS	4972 RIVER POINT RD.
CITY-STATE-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/10/05-80041-025 150.00

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IN THIS SPACE**

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: James W. Coppedge **JAMES W. COPPEDGE** 1/6/05 904-398-9586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #