2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05; 2004 08:00 AM Secretary of State DOCUMENT # F9400005300 WATERS EDGE MARINE SERVICE INC. Principal Place of Business Mailing Address 36072 JEFFERSON 36072 JEFFERSON HARRISON TOWNSHIP, MI 48045 HARRISON TOWNSHIP, MI 48045 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 38-3066336 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VELGER, ROBERT DO NOT WRITE 924 S.E. 15 CT. DEERFIELD BEACH, FL 33441 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, typed or printed risme of registered agent and title if applicable. (NCITE, Registered Agent argusture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VELGER, ROBERT NAME STREET ADDRESS 29360 SEAWAY CT. U00000102927 04/05/04-80035-019 150.00 HARRISON TOWNSHIP, MI 48045 CITY-ST-ZIP TITLE **TARAIS** STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

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 flustee 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 the address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ROB Velger

3-29-04 586 405-1856

FILED

Daytime Phone #