2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002670

1. Entity Name
WARRINGTON MARINE INC

14014050

Principal Place of Business	Mailing Address
669 TRENTON WAY OSPREY, FL 34229	1330 21ST WAY S. SUITE 210 BIRMINGHAM, AL 35205 US *SAME*
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

04222004   Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
63-1142001	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARRINGTON, EDWARD L
669 TRENTON WAY
OSPREY, FL 34229

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | 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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 4-26-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARRINGTON, EDWARD L		NAME	
STREET ADDRESS	1330 21ST WAY SOUTH STE 210		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35205		CITY-ST-ZIP	
TITLE	ST	☑ Delete	TITLE	☐ Change ☐ Addition
NAME	WARRINGTON, MELIA		NAME	
STREET ADDRESS	1330 21 WAY SOUTH SUITE 210		STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 35205		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: _____ 4-26-04   941-966-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #