



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90331 039 \*\*\*150.00

<b>DOCUMENT # F96000002100</b> 1. Entity Name <b>DUTRA DREDGING COMPANY</b>					
Principal Place of Business <b>1000 POINT SAN PEDRO RD SAN RAFAEL, CA 94901</b>			Mailing Address <b>1000 POINT SAN PEDRO RD SAN RAFAEL, CA 94901</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P STEWART, HARRY K <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, HARRY K		NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL, CA 949018312		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERNER, DAVID E		NAME		
STREET ADDRESS	1000 PT SAN PEDRO RD		STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL, CA 949018312		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, K.W.		NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL, CA 94901		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUTRA, BILL T		NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL, CA 94901		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, LT JOHN W		NAME		
STREET ADDRESS	1000 POINT SAN PEDRO RD		STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL, CA 94901		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLER, STEPHEN F		NAME		
STREET ADDRESS	1000 PT SAN PEDRO RD		STREET ADDRESS		
CITY-ST-ZIP	SAN RAFAEL, CA 94901		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.					
<b>SIGNATURE:</b> 			4/07/04 <span style="float: right;">415/258-6876</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Harry K. Stewart - President</b>			Date <span style="float: right;">Daytime Phone #</span>		