

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001093

FILED  
Jan 18, 2004  
Secretary of State

Entity Name: OFFSHORE WARRIORS, INC.

**Current Principal Place of Business:**

3505 TARPON WOODS BLVD  
STE N404  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

3505 TARPON WOODS BLVD  
STE N404  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 64-0877589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RONSPIES, JAMES F  
3505 TARPON WOODS BLVD N-404  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHOEMAKER SR, AUBREY G  
Address: 12268 INTERPLEX PARKWAY  
City-St-Zip: GULFPORT, MS 39503

Title: VD ( ) Delete  
Name: SHOEMAKER, MELANIE W  
Address: 9230-C LORRAINE ROAD  
City-St-Zip: GULFPORT, MS 35903

Title: STD ( ) Delete  
Name: RONSPIES, JAMES F  
Address: 3505 TARPON WOODS BLVD N-404  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. RONSPIES

D

01/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date