

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001093

FILED  
Jul 10, 2005  
Secretary of State

Entity Name: OFFSHORE WARRIORS, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

FEI Number: 64-0877589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

3800 JOSIE LANE  
STE NO. 3  
PALM HARBOR, FL 34685 US

## New Mailing Address:

3800 JOSIE LANE  
STE NO. 3  
PALM HARBOR, FL 34685 US

## 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:

RONSPIES, JAMES F  
3800 JOSIE LANE  
SUITE NO. 3  
PALM HARBOR, FL 34685 US

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: \_\_\_\_\_

07/10/2005

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: PD (X) Change ( ) Addition  
Name: SHOEMAKE, AUBREY G SR.  
Address: 3505 TARPON WOODS BLVD C-41  
City-St-Zip: PALM HARBOR, FL 34685

Title: VD (X) Change ( ) Addition  
Name: SHOEMAKE, MELANIE W  
Address: 3505 TARPON WOODS BLVD C-41  
City-St-Zip: PALM HARBOR, FL 34685

Title: STD (X) Change ( ) Addition  
Name: RONSPIES, JAMES F  
Address: 3800 JOSIE LANE STE NO. 3  
City-St-Zip: PALM HARBOR, FL 34685

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

07/10/2005

Electronic Signature of Signing Officer or Director

Date