


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 028 ***150.00

DOCUMENT # F99000003976	
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1. Entity Name
SOUTHLAND MARINE, INC.

Principal Place of Business 2337 S.E. HARRINGTON AVE PORT ST LUCIE, FL 34231	Mailing Address 2337 S.E. HARRINGTON AVE PORT ST LUCIE, FL 34231
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2. Principal Place of Business 4309 SE COVE LAKE CIRCLE Suite, Apt # etc. 207 City & State STUART, FL Zip 34997 Country USA	3. Mailing Address 4309 SE COVE LAKE CIRCLE Suite, Apt # etc. 207 City & State STUART, FL Zip 34997 Country USA
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01172004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3574375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GILL, BILLY R
2337 S.E. HARRINGTON AVENUE
PORT ST LUCIE, FL 34952**

7. Name and Address of New Registered Agent
Name **BILLY R GILL**
Street Address (P.O. Box Number is Not Acceptable)
4309 SE COVE LAKE CIRCLE
#207
City **STUART** FL Zip Code **34997**

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 *Billy R Gill* (NOTE: Registered Agent signature required when reinstating) DATE 1/17/2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD GILL, BILLY R 2337 S.E. HARRINGTON AVENUE PORT ST LUCIE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLD BILLY R GILL 4309 SE COVE LAKE CIRCLE #207 STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARICH, BRIAN 5647 SUMMERSIDE LANE SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRIGGS, ADRIEN C/O SUNSET HOUSE, SOUTH SOUND ROAD GEORGETOWN, GRAND CAYMAN BWI,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Billy R Gill* DATE 1/17/04 DAYTIME PHONE # 772-288-6373