

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G26242

FILED
Jan 25, 2005
Secretary of State

Entity Name: SHORELINE MARINE CONSTRUCTION COMPANY

Current Principal Place of Business:

1101 1ST STREET SW
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 945
RUSKIN, FL 33570 US

New Mailing Address:

FEI Number: 59-2265368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM R.
3273 SHERMAN STREET
ENGLEWOOD, FL 34224 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: DP () Delete
Name: WILLIAMS, WILLIAM R.
Address: 3273 SHERMAN STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: DSDT () Delete
Name: WILLIAMS, LINDA C.,
Address: 3273 SHERMAN STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: HUMZIKER, WALTER F
Address: 1819 LAUREL OAK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: DVP () Delete
Name: WHEATON, EDWARD D
Address: 10402 BRUSHFIELD ST
City-St-Zip: RIVERVIEW, FL 33569

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:

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: LINDA C. WILLIAMS

Electronic Signature of Signing Officer or Director

DSDT

01/25/2005

Date