


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90050 050 \*\*\*150.00

<b>DOCUMENT # G51752</b>	
1. Entity Name <b>HMH MARINE, INC.</b>	

Principal Place of Business <b>HENDRY RANCH RD P.O. BOX 369 THONOTOSASSA FL 33592</b>	Mailing Address <b>HENDRY RANCH RD P.O. BOX 369 THONOTOSASSA FL 33592</b>
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**30016551**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>2812 Shore Breeze Dr.</b>	3. Mailing Address <b>2812 Shore Breeze Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33611</b>	Zip <b>33611</b>
Country <b>Hillbrow</b>	Country <b>Hillbrow</b>


4. FEI Number <b>59-2312087</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HENDRY, HAROLD M. HENRY RANCH RD P.O. BOX 369 THONOTOSASSA FL 33592</b>	
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7. Name and Address of New Registered Agent <b>Hendry, Harold M.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2812 Shore Breeze Dr.</b>	
City <b>Tampa</b>	Zip Code <b>FL 33611</b>

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
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDRY, HAROLD M HENDRY RANCH RD THONOTOSASSA, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HENDRY, NINA ALLENI HENDRY RANCH RD THONOTOSASSA, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENDRY, HAROLD M., II HENDRY RANCH RD THONOTOSASSA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, ALLEN SCOTT HENDRY RANCH RD THONOTOSASSA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2812 Shore Breeze Dr. Tampa, FL 33611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2812 Shore Breeze Dr. Tampa, FL 33611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2812 Shore Breeze Dr. Tampa, FL 33611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2812 Shore Breeze Dr. Tampa, FL 33611</b>
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"/> 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: 	10 Feb 05 813 9351196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #