
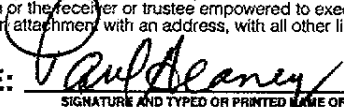


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H49968</b> 1. Entity Name <b>PAUL'S MOBILE MARINE SERVICES, INC.</b>		
Principal Place of Business <b>130 CARLTON AVE DELAND, FL 32720</b>	Mailing Address <b>130 CARLTON AVE DELAND, FL 32720</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>HEANEY, PAUL 130 CARLTON AVE DELAND, FL 32720</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEANEY, PAUL 130 CARLTON AVE DELAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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<b>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.</b>		
<b>SIGNATURE:</b>  <b>PAUL HEANEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-6-04 386-736-2555</b> <small>Date Daytime Phone #</small>



01062004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> <b>59-2779652</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

000000000340  
01/09/04-80022-003 150.00

**DO NOT WRITE  
IN THIS SPACE**