


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # H61720 1. Entity Name EXTERIOR COATINGS BY MARITIME, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 2501 27TH AVE., SUITE F1B VERO BEACH, FL 32960 | Mailing Address 2501 27TH AVE., SUITE F1B VERO BEACH, FL 32960 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01142004 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2569092 | 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 DEPP, WILLIAM S. 140-44TH TERRACE VERO BEACH, FL 32968 |
|--|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | |
|--|---|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVP DEPP, WILLIAM S. 140-44TH TERRACE VERO BEACH, FL 32968 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST DEPP, NANCY 140-44TH TERRACE VERO BEACH, FL 32968 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

1100000042945
02/10/04-80045-004.150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>William S. Depp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small> | <u>2-05-04 772-562-6746</u> <small>Date Daytime Phone #</small> |
|--|--|