


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J14677
 1. Entity Name
NOA MARINE, INC.



Principal Place of Business Mailing Address
% DANIEL J. AVOURES **% DANIEL J. AVOURES**
13030 GANDY BLVD., N. **13030 GANDY BLVD., N.**
ST. PETERSBURG, FL 33702 **ST. PETERSBURG, FL 33702**

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2686955 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AVOURES, DANIEL J.
12519 TWIN BRANCH ACRES RD.
TAMPA, FL 33625

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVOURES, DANIEL J. 12519 TWIN BRANCH ACRES TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVOURES, KATHERINE I. 12519 TWIN BRANCH ACRES TAMPA, FL
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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: Katherine I. Avoures Katherine I. Avoures 4/30/04 (727) 576-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #