2004 FOR PROFIT CORPORATION . ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

. ANNUAL REPORT				Wiai 03, 2004 00.00 A			
DOCUMENT # J56276 1. Entity Name VAN SANT MARINE, INC.					Sec	retar	y of State
% KENDALL 116 LEONI I		Mailing Address % KENDALL VAN SANT 116 LEONI DR. ISLAMORADA, FL 33036			8/		
	OO NOT WRITE 6. Name and Address of Current Re	CE	03022004 4. FEI Numb 59-276	No Chg-P	CR2E0	34 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
VAN SANT, KENDALL. 116 LEONI DR. ISLAMORADA, FL. 33036			DO NOT WRITE IN THIS SPACE				
signature.	s named entity submits this statement for the st	tile if applicable (NOTE Register	ed Agent signature required		UOOOO	DATE 1007792	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI PD VAN SANT, KENDALL 116 LEONI DR. ISLAMORADA, FL	RECTORS		TE TOTAL TOT			1,311,121
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							

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:

CITY -ST-ZIP

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

3056648467