


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J61406 1. Entity Name CERTIFIED DIESEL & MARINE CORP. |  |
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|---|---|
| Principal Place of Business 1640 AVE OF THE AMERICAS ENGLEWOOD FL 34224 US | Mailing Address 9140 DEER CT. VENICE FL 34293 |
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1st MOORE CR2E034 (10/04)

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| 2. Principal Place of Business Suite, Apt #, etc. | 3. Mailing Address Suite, Apt #, etc. |
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| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 06-1190113 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|-----------------------------|--|

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|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|--|

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent MACNEIL, WAYNE 7361 ELSA ST. ENGLEWOOD FL 34224 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (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"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE P <input type="checkbox"/> Delete | NAME MACNEIL, WAYNE F. | TITLE | U00000217424 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7361 ELSA ST. | CITY-ST-ZIP ENGLEWOOD FL | NAME | 02/07/05-80024-009 150.00 |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE V <input type="checkbox"/> Delete | NAME MACNEIL, GERALD C. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 24 WENDOVER WAY | CITY-ST-ZIP BEDFORD NH | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE TSD <input type="checkbox"/> Delete | NAME MACNEIL, DONNA M. | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 24 WENDOVER WAY | CITY-ST-ZIP BEDFORD NH | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Wayne MacNeil 1-28-05 941-475-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #