


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # J81415</b> 1. Entity Name <b>IDEAL MARINE SERVICES INC.</b>	
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Principal Place of Business <b>12700 SW 81ST AVE MIAMI, FL 33156</b>	Mailing Address <b>12700 SW 81ST AVE MIAMI, FL 33156</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0009177</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>THOMPSON, JOHN A., III 12700 SW 81ST AVE MIAMI, FL 33156</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P THOMPSON, JOHN A. III 12700 SW 81 AVENUE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BURKE, KATHLEEN L 12700 SW 81 AVENUE MIAMI, FL 33156</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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01/08/04-80013-003 158.75

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:  **John A. Thompson III** 6 JAN 04 305-798-8113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #