

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J88589

1. Entity Name

DIVERSIFIED MARINE SERVICE, INC.



FILED

Jan 27, 2005 08:00 AM
Secretary of State

Principal Place of Business

16201 S.W. 49TH STREET
FT. LAUDERDALE FL 33331
US

Mailing Address

16201 S.W. 49TH STREET
FT. LAUDERDALE FL 33331
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0004315

Applied For
Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSBAUGH, RICHARD H
16201 S.W. 49TH STREET
FT. LAUDERDALE FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of Registered Agent or Director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME ANSBAUGH, RICHARD
STREET ADDRESS 16201 SW 49 ST
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VS
NAME ANSBAUGH, MARIA
STREET ADDRESS 16201 SW 49 ST
CITY-STATE-ZIP FT. LAUDERDALE 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:

Ansbaugh MARIA T. Ansbaugh

1/25/05

954-252-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #