


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # K08746</b> 1. Entity Name BIG E MARINE PROPERTIES, INC.	
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Principal Place of Business 201 NW 130 AVE. FORT LAUDERDALE, FL 33325	Mailing Address 201 NW 130 AVE. FORT LAUDERDALE, FL 33325
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02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0030533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WHITE, H. TAYLOR 1650 NE 26TH ST. SUITE 101 FORT LAUDERDALE, FL 33305
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELLIS, JOHN M. % 2890 N.E. 187TH ST N. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ELLIS, ROBERT D. % 2890 N.E. 187TH ST N. MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, MARJORIE % 2890 N.E. 187TH ST N. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, JANIS G. % 2890 N.E. 187TH ST N. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, MARY % 2890 N.E. 187TH ST N. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/07/05-80023-017 150.00

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IN THIS SPACE**

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 M. Ellis 2/3/05 954-474-8414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #