


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # K12702 1. Entity Name MOBILE MARINE REPAIR, INC. |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business 17043 MELLE LANE JUPITER, FL 33478 US | Mailing Address % FRANK K. COFFIN, SR. 17043 MELLE LANE JUPITER, FL 33478 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0031507 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|-----------------------------------------------------------|-------------------------------------------|
| 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 COFFIN, FRANK K SR. 17043 125TH AVE. N. JUPITER, FL 33478 | DO NOT WRITE IN THIS SPACE |
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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 retreating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | D COFFIN, FRANK K SR. 17043 MELLE LANE JUPITER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COFFIN, CHRISTEL A 17043 MELLE LANE JUPITER, FL 33478 |
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02/18/05-80053-009 150.00

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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)(f), 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: Frank K Coffin Sr. Pres 02/18/05 561-246-2374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #