

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90026 048 ***150.00

DOCUMENT # K86117

1. Entity Name

B.M. MARINE, INC.



Principal Place of Business

%MERRIE A. SLATER
22864 OVERSEAS HWY MM23
CUDJOE KEY FL 33042

Mailing Address

%MERRIE A. SLATER
22864 OVERSEAS HWY MM23
CUDJOE KEY FL 33042



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

65-0126790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLATER, MERRIE A
22864 OVERSEAS HWY MM23
CUDJOE KEY FL 33042

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, typed or printed name of registered agent and title 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 **DS** ☐ Delete
NAME **SLATER, MERRIE A**
STREET ADDRESS **121 SANTIAGO ST**
CITY-ST-ZIP **ROYAL PALM BCH FL**

TITLE **DS** ☒ Change ☐ Addition
NAME **SLATER, MERRIE A.**
STREET ADDRESS **121 SANTIAGO STREET**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **DT** ☐ Delete
NAME **SLATER, ROBERT C**
STREET ADDRESS **121 SANTIAGO ST**
CITY-ST-ZIP **ROYAL PALM BCH FL**

TITLE **DT** ☒ Change ☐ Addition
NAME **SLATER, ROBERT C.**
STREET ADDRESS **121 SANTIAGO STREET**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☒ Delete
NAME **SLATER, RICHARD A**
STREET ADDRESS **22864 OVERSEAS HWY MM23**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

TITLE **DP** ☐ Change ☒ Addition
NAME **RICHARD A. SLATER, SR.**
STREET ADDRESS **121 SANTIAGO STREET**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Change ☒ Addition
NAME **RICHARD A. SLATER, SR.**
STREET ADDRESS **121 SANTIAGO STREET**
CITY-ST-ZIP **ROYAL PALM BEACH, FLORIDA 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Merrie A Slater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

Date

561-793-9342

Daytime Phone #