


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 028 ***158.75

DOCUMENT # L27849 1. Entity Name MAXIMO MARINE SERVICE, INC.	
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Principal Place of Business 3701 1/2 50TH AVENUE SO. ST. PETERSBURG, FL 33711	Mailing Address 3701 1/2 50TH AVENUE SO. ST. PETERSBURG, FL 33711
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94080109



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04292004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-2977453	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS M JOHNS 4989 62ND AVE S ST. PETERSBURG, FL 33711

7. Name and Address of New Registered Agent Name <i>Frank D. Vander Horst</i> Street Address (P.O. Box Number is Not Acceptable) <i>3701.5 50th Avenue South</i> City <i>St. Petersburg</i> FL Zip Code <i>33711</i>

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 *Frank D. Vander Horst* *Sec/Treas* DATE *4/29/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY A. SALEM <input checked="" type="checkbox"/> Delete 4838 2ND AVENUE NORTH SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Chris Turner</i> <i>5701 Leland St, South</i> <i>St. Petersburg, FL 33715</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec/Treas</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Frank D. Vander Horst</i> <i>601 1st Ave South</i> <i>Tierra Verde, FL 33715</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employment.

SIGNATURE: *Frank D. Vander Horst* DATE: *4/29/04* DAYTIME PHONE #: *727-867-7718*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR