



FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90007 049 ***150.00

DOCUMENT # L27888 1. Entity Name P & M MARINE CONSULTANTS, INC.				Secretary of State 01-21-2004 90007 049 ***150.00	
Principal Place of Business 4119 N. SR7 STE #841 LAUDERDALE LAKES, FL 33319 US		Mailing Address P.O. BOX 22241 C/O DAVID LYALL PEDEN FT. LAUDERDALE, FL 33335 US		34003000 	
2. Principal Place of Business 1160 N. FEDERAL HWY		3. Mailing Address 916		01192004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 916		Suite, Apt. #, etc.		4. FEI Number 65-0174086	
City & State FT LAUDERDALE FL		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip 33304		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEDEN, DAVID L CAPT. 1160 N FEDERAL HWY 916 FT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT PEDEN, DAVID LYALL 1160 N FEDERAL HWY 916 FT LAUDERDALE, FL 33304			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS MARSH, JOHN WILLIAM 1160 N FEDERAL HWY 916 FT LAUDERDALE, FL 33304			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"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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 empowered.					
SIGNATURE: DAVID L. PEDEN 1/19/04 954 602 3026 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					