

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90235 002 ***150.00

DOCUMENT # L37422

1. Entity Name

POSEIDON OCEAN SERVICE CORPORATION



Principal Place of Business

**13897 SW 140TH ST
MIAMI FL 33186-22
US**

Mailing Address

**13897 SW 140TH ST
MIAMI FL 33186
US**

2. Principal Place of Business

265 RIVER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

265 RIVER DRIVE

Suite, Apt. #, etc.

City & State

EAST PALATKA FLA.

Zip

32131-4033

Country

USA

City & State

EAST PALATKA, FL

Zip

32131-4033

Country

USA

4. FEI Number

65-0176580

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLEMENTS, C.W., JR.
13897 SW 140 ST
MIAMI FL 33186-5522**

7. Name and Address of New Registered Agent

Name

CLEMENTS, C.W. JR

Street Address (P.O. Box Number is Not Acceptable)

265 RIVER DRIVE

City

EAST PALATKA

FL

Zip Code

32131-4033

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

C.W. Clements Jr
Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when re-registering)

DATE

22 APRIL 2005

FILE NOW!!! FEE \$500.00

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

TITLE **D** ☐ Delete
NAME **CLEMENTS, C.W., JR.**
STREET ADDRESS **13897 SW 140TH ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **CLEMENTS, C.W., JR.**
STREET ADDRESS **265 RIVER DRIVE**
CITY-ST-ZIP **EAST PALATKA, FL 32131-4033**

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APRIL 2005

Date

305-219-1840

Daytime Phone #