2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2004 8:00 am DOCUMENT # L62450 **Secretary of State** 1. Entity Name 02-10-2004 90013 038 \*\*\*158.75 HARDCASTLE MARINE DIESEL, INC. Principal Place of Business Mailing Address 8167 154TH RD NORTH 8167 154TH RD NORTH PO BOX 32655 WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418 2. Principal Place of Business 3. Mailing Address 8/67 154 H RQ NORTH Suite, Apt. #, etc CR2E034 (11/03) Applied For 4., FEI Number 65-0185229 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 65 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN HARDCASTLE Street Address (P.O. Box Number is Not Acceptable) 8167 154TH RD NORTH PALM BEACH GARDENS FL 33418 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 DATE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE Doeothy Handcastle NAME HARDCASTLE, STEPHEN NAME 8/67/54th RaNorth 8167 154TH ROAD N STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7IP Palm Beach Gardens Fl. 33418 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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

FILED

SIGNATURE: Standard of Printed Name of SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

changed, or on an attachment with an address, with all other like empowered.