

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 013 ***150.00

DOCUMENT # L73479

1. Entity Name

SCHIFFNER MARINE SERVICES, INC.



Principal Place of Business

% WILLIAM W. SCHIFFNER
2260 RICHTER ST
DUNEDIN FL 34698

Mailing Address

% WILLIAM W. SCHIFFNER
2260 RICHTER ST
DUNEDIN FL 34698

50019438



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3011918

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

SCHIFFNER, WILLIAM W.
2260 RICHTER ST.
DUNEDIN FL 34688

Name

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

City

DUNEDIN

FL

Zip Code

34698

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

William W Schiffner William W Schiffner

2/24/05

(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 ☐ Delete
NAME SCHIFFNER, WILLIAM W.
STREET ADDRESS 3360 RICHTER ST
CITY-ST-ZIP PALM HARBOR FL

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

TITLE ☐ Delete
NAME PST
STREET ADDRESS SCHIFFNER, WILLIAM W.
CITY-ST-ZIP 3360 RICHTER ST
PALM HARBOR FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

William W Schiffner William W Schiffner

Date

Daytime Phone #

2/24/05
727-7848676