

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90294 031 \*\*\*158.75

**DOCUMENT # M09119**

1. Entity Name  
**MARITIME MARINE DREDGING & SALVAGE COMPANY**



Principal Place of Business  
9790 66TH STREET, NORTH  
P.O. BOX 5  
PINELLAS PARK, FL 34666

Mailing Address  
9790 66TH STREET, NORTH  
P.O. BOX 5  
PINELLAS PARK, FL 34666



2. Principal Place of Business

**4900 NORTH OCEAN BLVD.**  
Suite, Apt. #, etc.  
**SUITE 1103**

3. Mailing Address

**4900 NORTH OCEAN BLVD.**  
Suite, Apt. #, etc.  
**SUITE 1103**

04222004 Chg-P CR2E034 (10/03)

City & State  
**FORT LAUDERDALE FL**

City & State  
**FORT LAUDERDALE FL**

4. FEI Number  
**59-2950504**

Applied For  
Not Applicable

Zip Country  
**33308 U.S.A.**

Zip Country  
**33308 U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUNTER, JOHN**  
9790 66TH ST. N.  
PINELLAS PARK, FL 34666

7. Name and Address of New Registered Agent

Name  
**HUNTER JOHN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4900 NORTH OCEAN BLVD**  
**SUITE 1103**  
City  
**FORT LAUDERDALE** **FL** Zip Code  
**33308**

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 Signature, typed or printed name of registered agent and title if applicable.

(J. HUNTER) (NOTE: Registered Agent signature required when reinstating)

23 APRIL 2004 DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUNTER, JOHN 9790 66 ST NORTH POB 5 PINELLAS PARK, FL	<input checked="" 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
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	P.D HUNTER JOHN SUITE 1103 NORTH OCEAN BLVD FORT LAUDERDALE, FL - 33308	<input checked="" 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
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 empowered.

SIGNATURE: (J. HUNTER)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APRIL 2004 903-763-3473  
Date Daytime Phone #