


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90087 024 ***150.00

DOCUMENT # M17955	
1. Entity Name ACTION MARINE INC.	

Principal Place of Business 7600 MIAMI VIEW DR N BAY VILLAGE, FL 33141	Mailing Address 7600 MIAMI VIEW DR N BAY VILLAGE, FL 33141
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2. Principal Place of Business 4713 S.W. 51ST ST.	3. Mailing Address 1009 N.E. 104TH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE, FL.	City & State MIAMI SHORES, FL.
Zip 33314	Zip 33138
Country U.S.A.	Country U.S.A.



05022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCHOENROCK, GEORGE B II 7600 MIAMI VIEW DR N BAY VILLAGE, FL 33141	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHOENROCK, GEORGE 7600 MIAMI VIEW DR N BAY VILLAGE, FL 33141 <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
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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: George B. Schoenrock II **05/02/05** **305-756-6295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #