


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 036 ***150.00

DOCUMENT # M83803

1. Entity Name
CANAVERAL MARITIME, INC.



Principal Place of Business
4443 HERSCHEL JACKSONVILLE, FL 32210 US

Mailing Address
4443 HERSCHEL JACKSONVILLE, FL 32210 US

2. Principal Place of Business
3971 Doctors Lake Dr.

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Orange Park, FL

City & State

Zip
32065

Country

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04202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2898363

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURGSTINER, W. A. III
4443 HERSCHEL STREET
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

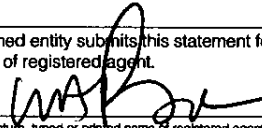
Name

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

3971 Doctors Lake Dr.

City **Orange Park** State **FL** Zip Code **32065**

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. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGSTINER, WILLIAM A.JR 4443 HERSCHEL STREET JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3971 Doctors Lake Dr. Orange Park, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGSTINER, W.A. III 4443 HERSCHEL STREET JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3971 Doctors Lake Dr. Orange Park, FL 32065
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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:  **W.A. Burgstiner, III** 4-20-04 904-215-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #