

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002918	
1. Entity Name MARAL REEF SWEEPERS, INC.	
Principal Place of Business 6400 OVERSEAS HIGHWAY MARATHON, FL 33050	Mailing Address 6400 OVERSEAS HIGHWAY MARATHON, FL 33050



03062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0501734	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MISHMASH, SALLY A
8400 OVERSEAS HIGHWAY
MARATHON, FL 33050**

**DO NOT WRITE
IN THIS SPACE**

7. 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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000151632
05/04/04-80055-018 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MISHMASH, SALLY A 8400 OVERSEAS HWY MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR TASHJIAN, VICKI 915 80TH STREET OCEAN MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR BENVENUTI, LARRY 8400 OVERSEAS HWY MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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: _____

Signature and typed or printed name of signing officer or director

Date _____

Daytime Phone # _____