

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000016806

1. Entity Name
MARITIME PROFESSIONAL SERVICES, INC.



FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90685 012 ***150.00

Principal Place of Business
994 N. BARNFIELD DR., #19
MARCO ISLAND, FL 34145

Mailing Address
PO BOX 1453
MARCO ISLAND, FL 34146

2. Principal Place of Business
994 BARNFIELD DR

3. Mailing Address
P.O. Box 1453

Suite, Apt. #, etc.
#19

Suite, Apt. #, etc.

City & State

City & State
Marco Island, FL

Zip Country

Zip
34146

Country

04052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3632439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TIMMERMAN, JAMES
994 N. BARNFIELD DR., #19
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
994 BARNFIELD DR, #19
City FL Zip Code

8. I am familiar with, and accept the obligations of registered agent. n the State of Florida. I am familiar with, and accept

SIGNATURE _____ (instating) _____ 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 D
NAME TIMMERMAN, JAMES E
STREET ADDRESS 831 PERRINE COURT
CITY-ST-ZIP MARCO ISLAND, FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. changed, or on an attachment with an address, with all other like empowered. i), Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if

SIGNATURE: [Signature] Per M.P.S. Inc. 05 April 24 2893947777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #