


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P00000040016</b> 1. Entity Name ADVANTAGE MARINE, INC.	
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Principal Place of Business 539 CAPTAINS ROAD NORTH PALM BEACH, FL 33408	Mailing Address 539 CAPTAINS ROAD NORTH PALM BEACH, FL 33408
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<b>DO NOT WRITE IN THIS SPACE</b>
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03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0999064	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HIPPLE, WILLIAM H. JR. 539 CAPTAINS ROAD NORTH PALM BEACH, FL 33408
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HIPPLE, WILLIAM H JR 539 CAPTAINS ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DEAN-HIPPLE, KATHY 539 CAPTAINS ROAD NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000149071 05/03/04-80172-011 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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: William H Hipple **WILLIAM H HIPPLE** 4/27/04 561-379-7891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #