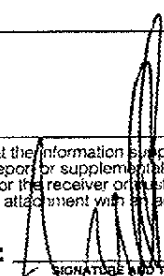


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

P00000057867			
MARK SMITH MARINE CONSTRUCTION, INC.			
501 NW 46TH STREET BOCA RATON, FL 33431		501 NW 46TH STREET BOCA RATON, FL 33431	
		01192004 Chg-P CR2E034 (10/03)	
		65-1016463	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
SMITH, MARK A 501 NW 46TH STREET BOCA RATON, FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 running)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	
		02/05/04-80084-024 150.00	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D SMITH, MARK A <input type="checkbox"/> Delete		
NAME	501 NW 46TH STREET		
STREET ADDRESS	BOCA RATON, FL 33431		
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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: 		1/28/04 561 338 4875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			