


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90394 005 ***150.00

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| DOCUMENT # P00000071016 |  |
| 1. Entity Name S & G MARINE, INC. | |

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| Principal Place of Business 1005 SUMTER ST. LEESBURG FL 34748 | Mailing Address 1005 SUMTER ST. LEESBURG FL 34748 |
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| 2. Principal Place of Business 1005 SUMTER ST | 3. Mailing Address 1005 SUMTER ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------------|--------------------------------------|
| City & State LEESBURG FLA. | City & State LEESBURG FLA. |
| Zip 34748 | Country LAKE |

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| 4. FEI Number 59-3656619 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BUTLER, RICHARD S 3845 GRIFFIN VIEW DRIVE LADY LAKE FL 32159 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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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 RICHARD S. BUTLER | DATE 3/24/04 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUTLER, GINGER D 3845 GRIFFIN VIEW DRIVE LADY LAKE FL 32159 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTLER, RICHARD S 3845 GRIFFINVIEW DRIVE LADY LAKE FL 32159 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: RICHARD S. BUTLER | DATE 3/24/04 DAYTIME PHONE # 352-323-4932 |