

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000015921**

1. Entity Name

PSI MARINE, INC.



Principal Place of Business  
105 PIRATES COVE  
MARATHON FL

Mailing Address  
P.O. BOX 500698  
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-1122491**

Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, JOHN J  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
STREET ADDRESS HELBIG, JIM D  
CITY-ST-ZIP P.O. BOX 500698  
MARATHON FL 33050 ☐ Delete

TITLE  
NAME STD  
STREET ADDRESS HELBIG, ELIZABETH B  
CITY-ST-ZIP P.O. BOX 500698  
MARATHON FL 33050 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS WEILAND, LYN E  
CITY-ST-ZIP 7501 GULFSTREAM BLVD  
MARATHON FL 33050 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS WEILAND, THEODORE C  
CITY-ST-ZIP 7501 GULFSTREAM BLVD  
MARATHON FL 33050 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS CLEAVER, THOBURN G  
CITY-ST-ZIP P.O. BOX 2220  
BOULDER CO 80306 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS CLEAVER, LAUREN  
CITY-ST-ZIP P.O. BOX 2220  
BOULDER CO 80306 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS U000000026196  
CITY-ST-ZIP 02/02/04-80135-021 150.00

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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)(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:

*Jim D. Helbig*

Jim D. Helbig Pres. 1/28/04

305-743-3438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #