

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 012 ***150.00

DOCUMENT # P01000045334

1. Entity Name
BRUCE MARINE SALES & SERVICE, INC.



Principal Place of Business
**4109 SOUTH 50 STR HIGHWAY 41
TAMPA, FL 33619**

Mailing Address
**4109 SOUTH 50 STR HIGHWAY 41
TAMPA, FL 33619**

50660489



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

39-3715730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOWD, JEFFREY A PA
550 NORTH RED STREET SUITE 302
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name **DELFRID R BEYERS**
Street Address (P.O. Box Number is Not Acceptable)
101 FLAMINGO DR STE C
APOLLO BEACH, FL 33572-2600
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. **DELFRID R BEYERS**

SIGNATURE **Delfrid R Beyers - Registered Agent**
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME **PSTD** ☐ Delete
STREET ADDRESS **MISTRETTA, LOUIS**
CITY- ST- ZIP **4109 SOUTH 50 STR. HIGHWAY 41
TAMPA, FL 33619**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Louis Mistretta**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/05
Date

Daytime Phone #